

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0022372

DOCUMENT # L02000016587

1. Entity Name  
**THE SHOPPES OF IBIS, LLC**



**FILED**

03 MAY 12 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business      Mailing Address  
C/O ALAN J. MARCUS      C/O ALAN J. MARCUS  
20803 BISCAYNE BLVD., SUITE 301      20803 BISCAYNE BLVD., SUITE 301  
AVENTURA FL 33180      AVENTURA FL 33180

2. Principal Place of Business      3. Mailing Address  
**% Equity One Realty & Mgmt, Inc.**      **% Equity One Realty & Mgmt, Inc.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**1696 NE Miami Gardens Drive**      **1696 NE Miami Gardens Drive**

City & State      City & State  
**North Miami Beach, FL**      **North Miami Beach, FL**

Zip      Country      Zip      Country  
**33179**      **USA**      **33179**      **USA**

4. FEI Number      Applied For  
**04-3695613**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MARCUS, ALAN J**  
**20803 BISCAYNE BLVD., SUITE 301**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>EQUITY ONE REALTY &amp; MANAGEMENT, INC.</b> <b>1696 N.E. MIAMI GARDENS DRIVE</b> <b>NORTH MIAMI BEACH FL 33179</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200018688252</b> <b>05/12/03--01005--009</b> <b>**150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **SIGNATURE REQUIRED**      **Vice President**      **4-30-03**      **305 672-1234**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)