

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
C/O ALAN J. MARCUS
20803 BISCAYNE BLVD., SUITE 301
AVENTURA FL 33180

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

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

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

City & State
North Miami Beach, FL

City & State
North Miami Beach, FL

Zip Country
33179 USA

Zip Country
33179 USA

4. FEI Number
04-3695613

Applied For
 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	MGR EQUITY ONE REALTY & MANAGEMENT, INC. 1696 N.E. MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33179
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
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 200018688252 05/12/03--01005--009 **150.00
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
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** *Doron Valero* 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)