

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000016845

1. Entity Name

AREA 305, LLC



Principal Place of Business

5101 NORTH BAY ROAD  
MIAMI BEACH FL 33140

Mailing Address

7380 SAND LAKE ROAD  
SUITE 350  
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

5101 NORTH BAY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami BEACH, FL

Zip

Country

Zip  
33140

Country  
USA

0007964

**FILED  
Apr 30, 2003 8:00 am  
Secretary of State**

04-30-2003 90188 033 \*\*\*\*50.00



CHECK HERE IF MAKING CHANGES

4. FEI Number

22 3858631

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, RUDY  
5101 NORTH BAY ROAD  
MIAMI BEACH FL 33140

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

*Rudy Perez*

*Rudy Perez*

4/17/03

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

|  |   |                                 |  |   |
|--|---|---------------------------------|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PEREZ, RUDY<br>5101 NOTH BAY ROAD<br>MIAMI BEACH FL 33140 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

*Rudy Perez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/03 (305) 867-7786

Date

Daytime Phone #

CR2E083 (10/02)