

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000017296

 1. Entity Name  
1990 ROOSEVELT, L.L.C.

 FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 14 AM 10:46

Principal Place of Business

Mailing Address

 P.O. BOX 1527  
KEY WEST FL 33041

 P.O. BOX 1527  
KEY WEST FL 33041

**REINSTATEMENT** 2003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

32-0022968

Applied For

Not Applicable

5. Certificate of Status Desired

☐
**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

 GUTTENMACHER, EDWARD P ESO  
2600 DOUGLAS ROAD, PH 8  
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

800024019358

10/22/03--01058--012 \*\*150.00

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ROSSI, MARK  
P.O. BOX 1527  
KEY WEST FL 33041
☐ Delete
 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP
☐ Delete
 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**REINSTATEMENT 2003**
☐ Delete
 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP
☐ Delete
 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP
☐ Delete
 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP
☐ Delete
 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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  
Mark Rossi

10/21/03

305296-5513

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

Date

Daytime Phone #