FILED
Jul 25, 2003 8:00 am
Secretary of State
07-25-2003 90065 036 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000018630

1. Entity Name

Miami Trust LLC

DO NOT WRITE IN THIS SPACE

90146401

2. Principal Place of Business	3. Mailing Address
146 Camden Drive	1900 Corporate Blvd, #400 East
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bal Harbour, FL	City & State: Boca Raton FL
Zip: 33154 Country:	Zip: 33431 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 51-0417256 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CHARLES SCHER

Street Address (P.O. Box Number is Not Acceptable): 1900 Corporate Blvd, # 400 East

City: Boca Raton FL Zip Code: 33431

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] 7/21/03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	FRIEDLANDER, LEON J	NAME	
STREET ADDRESS	146 CAMDEN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33154	CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	MURCIANO, TANIA	NAME	
STREET ADDRESS	146 CAMDEN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL 33154	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083B (12/02)

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] Charles Scher 561-988-6838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
90146401

MIAMI TRUST LLC
1900 Corporate Blvd., # 400 East
Boca Raton, FL 33431

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Dear Sir:

Re: Miami Trust LLC. L 02000018630

The registered agent for the above corporation changed his address in January 2003. He advised the post office of the change. However, he never received the first or the second reminder to file the annual report for the corporation. As a result we never filed this report until our new accountant asked us if the fee has been paid. We would appreciate it if you would accept the check for $50.00 for the 2003 year and abate the penalty.

We apologize for any inconvenience caused.

Sincerely,

L Friedlander

Loan Friedlander