

FILED
Jun 20, 2003 8:00 am
Secretary of State

04-30-2003 90182 003 *****50.00

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

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4/31

DOCUMENT # L02000018698

1. Entity Name

KARLTON COLLINS, LLC



Principal Place of Business

1800 SUNSET HARBOUR DRIVE, STE. 2
MIAMI BEACH FL 33139

Mailing Address

1800 SUNSET HARBOUR DRIVE, STE. 2
MIAMI BEACH FL 33139

44004839

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE Number

43-1968559

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

RATNER, CHARLES H P.A.
LESLIE ROBERT EVANS & ASSOCIATES, PA
214 BRAZILIAN AVE., STE. 200
PALM BEACH FL 33480

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

Signature, typed or printed name of registered agent and the applicable

NOTE: Registered Agent signature required when replacing

DATE

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
NAME
STREET ADDRESS
CITY - ST - ZIP

69th St. Capital Partners, LLC
1800 Sunset Harbour Drive
Miami Beach, FL 33139
MANAGING MEMBER

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ 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)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that any changes 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 606, Florida Statutes.

SIGNATURE:

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

Daytime Phone #

CP2E083 (10/02)