

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-21-2003 90138 035 ****50.00

DOCUMENT # L02000023160



1. Entity Name
TAMIAI SHOPPING CENTER, L.L.C.

Principal Place of Business
**8360 WEST FLAGLER STREET, SUITE 200
C/O LIMA & RIOS, P.A.
MIAMI FL 33144**

Mailing Address
**8360 WEST FLAGLER STREET, SUITE 200
C/O LIMA & RIOS, P.A.
MIAMI FL 33144**



2. Principal Place of Business
7600 Red Road
Suite, Apt. #, etc.
Suite 124

3. Mailing Address
7600 Red Road
Suite, Apt. #, etc.
Suite 124

☐ CHECK HERE IF MAKING CHANGES

City & State
South miami FL
Zip
33143 Country
USA

City & State
South miami FL
Zip
33143 Country
USA

4. FEI Number
65-0072845

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT M
4000 HOLLYWOOD BLVD., SUITE 485-SOUTH
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name
Halegua, Steve
Street Address (P.O. Box Number is Not Acceptable)
7600 Red Road, Suite 124
City
South miami FL Zip Code
33143

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)

4/18/03
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 HALEGUA, STEVEN 8360 WEST FLAGLER STREET, SUITE 200 MIAMI FL 33144	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Halegua, Steve, manager 7600 Red Road, Suite 124 South miami, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Halegua, Ino, manager 7600 Red Road, Suite 124 South miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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

Date

Daytime Phone #

4/18/03
305-284-1214

CR2E083 (10/02)