

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000024977

1. Entity Name

ADRIAN-PMBC HOMES AT DORAL, L.L.C.



FILED

03 APR 30 PM 3:47

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business

2450 S.W. 137TH AVENUE, SUITE 228  
MIAMI FL 33175

Mailing Address

2450 S.W. 137TH AVENUE, SUITE 228  
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3873322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

A&P REGISTERED AGENT, INC.  
2450 S.W. 137TH AVENUE, SUITE 228  
MIAMI FL 33175

7. Name and Address of New Registered Agent

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 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 May 1, 2003

300018675113

05/19/03--01059--038 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME ADRIAN DEVELOPMENT GROUP AT DORAL, INC.  
STREET ADDRESS 2450 S.W. 137TH AVENUE, SUITE 228  
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

TITLE MGRM  
NAME PMBC HOMES AT DORAL, L.L.C.  
STREET ADDRESS 2450 S.W. 137TH AVENUE, SUITE 228  
CITY-ST-ZIP MIAMI FL 33175 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

4-25-03

Date

305 225-1515

Daytime Phone #

CR2E083 (10/02)

0054770