

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000025166

1. Entity Name

115 PARTNER, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LR
10/24

03 OCT -9 AM 8:51

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 Brickell Avenue

3. Mailing Address

600 Brickell Avenue

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

14-1848216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name BSPA Corporate Services, Inc.

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

350 E. Las Olas Boulevard, Suite 1000

City Ft. Lauderdale

FL

Zip Code
33301

**DO NOT WRITE
IN THIS SPACE**

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

Henry B. Howard, VP

9-16-03

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 NAME STREET ADDRESS CITY - ST - ZIP	Member MGRM Henry B. Howard 600 Brickell Avenue, Suite 400 Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000023664820 10/09/03--01040--002 **50.00
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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)(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

HENRY B. HOWARD

Date

Daytime Phone #

16 SEPT 2003

(786) 77-
0300 x 103

CR2E083B (12/02)