

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2003 8:00 am
Secretary of State

0013201

DOCUMENT # L02000025974

1. Entity Name

PINECREST FAMILY ESTATES, LLC



05-28-2003 90036 001 ****50.00

05-28-2003 90036 002 *****5.00

Principal Place of Business Mailing Address
100 S.E. 2ND STREET, 17TH FLOOR **100 S.E. 2ND STREET, 17TH FLOOR**
MIAMI FL 33131 **MIAMI FL 33131**

44002690



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
201 S. Biscayne Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
34th Floor
City & State City & State
Miami, FL
Zip Country Zip Country
33131

4. FEI Number Applied For ☒ 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

STICKROOT, JOHN C ESQ.
100 S.E. 2ND STREET, 17TH FLOOR
MIAMI FL 33131

Name **STRICKROOT, JOHN C., ESQ.**

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]*

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

April 8, 2003

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 ☐ Delete
NAME **MGRM**
STREET ADDRESS **CISNEROS DE RIZZON, MARISA B.**
CITY-ST-ZIP **8817 Hammock Lake Drive**
Coral Gables, FL 33156

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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] **Managing Member**

4-21-03

(305) 926-6462

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

Date

Daytime Phone #

CR2E083 (10/02)