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Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90039 040 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30059711

DOCUMENT # L02000026068

1. Entity Name
RANDALL APARTMENTS #2 LLC

Principal Place of Business	Mailing Address
11089 NASHVILLE DR. COOPER CITY, FL 33026	~~11089 NASHVILLE DR.~~ ~~COOPER CITY, FL 33026~~

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	1140 Kane Concourse
Suite, Apt. #, etc.	Suite, Apt. #, etc. Fifth Floor
City & State	City & State Bay Harbor Islands, FL
Zip / Country	Zip 33154 / Country USA

4. FEI Number 06-1651243 — ☐ 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
~~SCHURR, KENNETH~~ ~~3001 PONCE DE LEON BLVD., #262~~ ~~CORAL GABLES, FL 33134~~	Name: Robert Henry Silvers Street Address (P.O. Box Number Is Not Acceptable): 1140 Kane Concourse Fifth Floor City: Bay Harbor Islands FL Zip Code 33154

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] Robert Silvers 4/22/03
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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MANNO, PAUL 11089 NASHVILLE DR. COOPER CITY, FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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] PAUL MANNO 4-14-03 6889631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #