

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90039 039 *****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000026082			
1. Entity Name RANDALL APARTMENTS #1 LLC			
Principal Place of Business 11089 NASHVILLE DR COOPER CITY, FL 33026		Mailing Address 11089 NASHVILLE DR COOPER CITY, FL 33026	
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	Country
		33154	USA
4. FEI Number 06-1651242		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
SCHURR, KENNETH 3804 PONCE DE LEON BLVD., #262 CORAL GABLES, FL 33134			
7. Name and Address of New Registered Agent			
Name Robert Henry Silvers			
Street Address (P.O. Box Number Is Not Acceptable) 1140 Kane Concourse			
Fifth Floor			
City Bay Harbor Islands			
State 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 <i>Robert Silvers</i>		DATE <i>4/22/03</i>	
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 MANNO, PAUL 11089 NASHVILLE DR COOPER CITY, FL 33026	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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 606, Florida Statutes.			
SIGNATURE: <i>Paul Manno</i>		PAUL MANNO	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <i>4-14-03</i> 305 688 9631	

CR2E083 (10/02)