APR-29-2003 TUE 05:30 PM FAX NO.

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May 05, 2003 8:00 am
Secretary of State
02-27-2003 90003 029 ****55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000026090

1. Entity Name
HIGH POINT AT LAS OLAS - FT. LAUDERDALE, L.L.C.

55036018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1700 East Las Olas Boulevard	1700 East Las Olas Boulevard
Suite, Apt. #, etc.: PH-7	Suite, Apt. #, etc.: PH-7
City & State: Ft. Lauderdale, Florida	City & State: Ft. Lauderdale, Florida
Zip: 33301 Country: USA	Zip: 33301 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0646748 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Helio De La Torre, Esq.

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

201 Alhambra Circle, Suite 1102

City: Coral Gables FL Zip Code: 33134

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: _____ Eduardo Bereciartua, President 4/30/03
Signature required of a natural person if registered agent is not a corporation — 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: MGRM - High Point I, Inc. 1700 East Las Olas Blvd., PH-7 Fort Lauderdale, Florida 33301	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
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CR2E083B (12/02)

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: _____ Eduardo Bereciartua, President 4/30/03 (954) 523-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #