LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91159 010 ****50.00

DOCUMENT # L02000028055

1. Entity Name
RS MIRAMAR COMMERCIAL VENTURES I, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3225 Aviation Avenue	3225 Aviation Avenue
Suite, Apt. #, etc. Suite 700	Suite, Apt. #, etc. Suite 700
City & State Coconut Grove, FL	City & State Coconut Grove, FL
Zip 33133 / Country USA	Zip 33133 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0536419 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Stewart Marcus

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

3225 Aviation Avenue, 7th Floor

City Coconut Grove, FL **FL** Zip Code 33133

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	Stewart Marcus
STREET ADDRESS	3225 Aviation Avenue, 7th Floor
CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	MGR
NAME	Randy Rieger
STREET ADDRESS	3225 Aviation Avenue, 7th Floor
CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	MGR
NAME	W. Peter Temling
STREET ADDRESS	3225 Aviation Avenue, 7th Floor
CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	MGR
NAME	Wayne O. Norris
STREET ADDRESS	3225 Aviation Avenue, 7th Floor
CITY-ST-ZIP	Coconut Grove, FL 33133
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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: _____ W. PETER TEMLING 4/30/03 (305) 860-8188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #