

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91159 003 \*\*\*\*50.00

DOCUMENT # L02000028065

1. Entity Name

RS MIRAMAR RESIDENTIAL VENTURES, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3225 Aviation Avenue

3. Mailing Address  
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

4. FEI Number 05-0536414

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name Stewart Marcus

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

3225 Aviation Avenue, Suite 700

City Coconut Grove, FL

FL

Zip Code  
33133

**DO NOT WRITE  
IN THIS SPACE**

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.

April 30, 2003

SIGNATURE

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

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  
MGR  
Stewart Marcus  
3225 Aviation Avenue, 7th Floor  
Coconut Grove, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Randy Rieger  
3225 Aviation Avenue, 7th Floor  
Coconut Grove, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
W. Peter Temling  
3225 Aviation Avenue, 7th Floor  
Coconut Grove, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Wayne O. Norris  
3225 Aviation Avenue, 7th Floor  
Coconut Grove, FL 33133

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CITY-ST-ZIP

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IN THIS SPACE**

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

4/30/03

(305) 860-8188

Date

Daytime Phone #

CR2E083B (12/02)