

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

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

05-05-2003 91159 012 ****50.00

DOCUMENT # L02000028099
1. Entity Name RS MIRAMAR COMMERCIAL VENTURES IV, LLC



DO NOT WRITE IN THIS SPACE

30068289

2. Principal Place of Business 3225 Aviation Avenue Suite, Apt. #, etc. Suite 700 City & State Coconut Grove, FL Zip 33133 Country USA	3. Mailing Address 3225 Aviation Avenue Suite, Apt. #, etc. Suite 700 City & State Coconut Grove, FL Zip 33133 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0536426	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	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 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	
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	
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	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wayne O. Norris 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: <u>W. Peter Temling</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 4/30/03	Daytime Phone # (305) 860-8188
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CR2E083B (12/02)