

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90087 015 ****50.00

DOCUMENT # L02000028402

1. Entity Name

ISLAND POINTE REALTY LLC



Principal Place of Business

555 N.E. 15TH STREET, SUITE 100
MIAMI FL 33132

Mailing Address

555 N.E. 15TH STREET, SUITE 100
MIAMI FL 33132

2. Principal Place of Business

10350 W. BAY HARBOR DR.

3. Mailing Address

4481 N. 41ST CT

Suite, Apt. #, etc.

10 A1B

Suite, Apt. #, etc.

City & State

BAY HARBOR ISLAND

City & State

HOLLYWOOD, FL

Zip

33154

Country

USA

Zip

33021

Country

USA

4. FEI Number

37-1446546

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RITTER, JOHN

555 N.E. 15TH STREET, SUITE 100

MIAMI FL 33132

Name

MR. ELLIOTT SHARABY

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

4481 N. 41ST CT

City

HOLLYWOOD

FL

Zip Code

33021

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

July 16, 03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME THE CADWELL GROUP, INC. ☐ Delete
STREET ADDRESS President
CITY-ST-ZIP 2110T S. SHARABY
4481 N. 41ST CT, HOLLYWOOD, FL 33021

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

July 16, 03 (351)993-1300

CR2E083 (4/03)

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