


# 2003 LIMITED LIABILITY COMPANY UNIFORM-BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUN 25 PM 2:36

<b>DOCUMENT # L02000028710</b> 1. Entity Name 700 BISCAYNE BLVD., L.L.C.	
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Principal Place of Business C/O ALAN E. KRINZMAN, ESQ. 2601 S BAYSHORE DR SUITE 1600 MIAMI, FL 33133	Mailing Address C/O ALAN E. KRINZMAN, ESQ. 2601 S BAYSHORE DR SUITE 1600 MIAMI, FL 33133
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2. Principal Place of Business 100 SE 2nd Street Suite, Apt. #, etc. Suite 2600 City & State Miami, Florida Zip 33131 Country USA	3. Mailing Address 100 SE 2nd Street Suite, Apt. #, etc. Suite 2600 City & State Miami, Florida Zip 33131 Country USA
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CHECK HERE IF MAKING CHANGES

4. FEI Number	<input checked="" type="checkbox"/>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  KRINZMAN, ALAN E 2601 S BAYSHORE DR SUITE 1600 MIAMI, FL 33133	7. Name and Address of New Registered Agent Name Stewart M. Mirmelli, Esq. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street Suite 2600 City Miami State FL Zip Code 33131
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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: Stewart M. Mirmelli      STEWART MIRMELLI      DATE: 6-18-03

(NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Florida Department of State  
 Due By May 1, 2003

9. MANAGING MEMBERS/ MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MANAGING MEMBER GREGORY MIRMELLI 100 S.E. 2ND ST. #2600 MIAMI FL- 33131	
		MEMBER GREGORY MIRMELLI 100 S.E. 2ND ST. #2600 MIAMI, FL. 33131	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE: Alan E. Krinzman      DATE: 6-18-03      DAYTIME PHONE #: 379-6424

(305)

CIR2E083 (10/02)