

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

4/21

04-28-2003 90099 004 ***150.00

DOCUMENT # L02000029671 1. Entity Name TENTH STREET FUNDING COMPANY, L.L.C.					
Principal Place of Business 1000 BRICKELL AVE., SUITE 910 MIAMI FL 33131			Mailing Address 1000 BRICKELL AVE., SUITE 910 MIAMI FL 33131		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		44001916 ☐ CHECK HERE IF MAKING CHANGES	
4. FEI Number ☒ Applied For ☐ Not Applicable				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHOTTENSTEIN, JEFFREY 1000 BRICKELL AVE., SUITE 910 MIAMI FL 33131			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM SCHOTTENSTEIN, JEFFREY 1000 BRICKELL AVE., SUITE 910 MIAMI FL 33131 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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)(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 606, Florida Statutes.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE JEFF SCHOTTENSTEIN 4/23/03 305-371-2824 Date Daytime Phone #					

CR2E083 (10/02)