

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0014758

DOCUMENT # L02000030277



1. Entity Name
1180 N.W. 2ND AVENUE PROPERTIES, L.C.

FILED

03 JUN -9 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2961-B DAY AVENUE 2961-B DAY AVENUE
MIAMI FL 33133 MIAMI FL 33133



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
775 NE. 79th Street 775 NE 79th Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State # A City & State # A
MIAMI FL 33138 MIAMI FL

Zip Country Zip Country
33138 USA 33138 USA

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

DUMONT, DOMINIQUE
2961-B DAY AVENUE
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name: DUMONT, DOMINIQUE
Street Address (P.O. Box Number is Not Acceptable): 775 NE 79th Street #A
City: MIAMI FL Zip Code: 33138

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]*
Signature, typed or printed name of registered agent and title if applicable. (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: MGR Delete
NAME: DUMONT, DOMINIQUE
STREET ADDRESS: 2961-B DAY AVENUE
CITY-ST-ZIP: MIAMI FL 33133

TITLE: MGR Change Addition
NAME: DUMONT, DOMINIQUE
STREET ADDRESS: 775 NE 79th Street #A
CITY-ST-ZIP: MIAMI FL 33138

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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

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]* 5/2/03 (786) 443-2861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)