

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90098 028 *****50.00

DOCUMENT # L02000030399

1. Entity Name

JF HOTEL/APARTMENTS, LLC



Principal Place of Business

**20801 BISCAYNE BOULEVARD STE. 505
AVENTURA FL 33180**

Mailing Address

**20801 BISCAYNE BOULEVARD STE. 505
AVENTURA FL 33180**

2. Principal Place of Business

18901 NE 29 Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

Aventura FL

City & State

Zip

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

51-0435933

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name

Dade County Corporate Agents, Inc.

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

18901 NE 29 Avenue

Suite 100

City

Aventura

FL

Zip Code

33180

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)

9/11/03
DATE

**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
STREET ADDRESS
CITY-ST-ZIP
**MGR
PERLOW, JEFFREY M
20801 BISCAYNE BOULEVARD STE. 505
AVENTURA FL 33180**

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR.
Jeffrey M. Perlow
18901 NE 29 Avenue #100
Aventura FL 33180**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

9/11/03

305-933-0000

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

Date

Daytime Phone #

CR2E083 (4/03)