

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

4/2

04-21-2003 90116 033 ****55.00

DOCUMENT # L02000030839

1. Entity Name
AURUM PROPERTIES, LLC



Principal Place of Business
**5415 COLLINS AVENUE
207
MIAMI BEACH FL 33140**

Mailing Address
**5415 COLLINS AVENUE
207
MIAMI BEACH FL 33140**

55038257



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**KAPLAN, ADAM D ESQ.
3301 BONITA BEACH ROAD
211
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent
Name
Arlene L. Gullo
Street Address (P.O. Box Number is Not Acceptable)
5415 Collins Ave #207
City
MIAMI BEACH FL Zip Code
33140

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 *Arlene L. Gullo* (ARLENE L. GULLO) DATE **4/16/03**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ANTHONY M. DEFELO JR. 46 BARRILOCHE DR. PUNTA GORDA FL 33998	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Arlene L. Gullo* (ARLENE L. GULLO) DATE **4/16/03** 305-868-8795

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

CFR2083 (10/02)