

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90055 014 ****50.00

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DOCUMENT # L02000031177

1. Entity Name

~~BANYAN BAY APARTMENTS, LLC~~

SOBAY PARTNERS LLC



Principal Place of Business

% SAMUEL & CO., LLC
260 EAST BOCA RATON ROAD
BOCA RATON FL 33432

Mailing Address

% SAMUEL & CO., LLC
260 EAST BOCA RATON ROAD
BOCA RATON FL 33432

2. Principal Place of Business

444 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 650

City & State

MIAMI FL

Zip

33131

Country

3. Mailing Address

444 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 650

City & State

MIAMI FL

Zip

33131

Country

4. FEI Number

81-6588367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MARTIN, PEDRO A ESQ.
GREENBERG TRAUIG, P.A.
1221 BRICKELL AVENUE, SUITE 2100
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

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	MGRM			
	PFEFFER, DAN			
	417 FIFTH AVENUE, 9TH FLOOR			
	NEW YORK NY 10016			
	MGRM			
	SAMUEL, MICHAEL			
	260 EAST BOCA RATON ROAD			
	BOCA RATON FL 33432			

10. ADDITIONS/CHANGES

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/14/03 (214) 716-0771

CR2E083 (10/02)