

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

**FILED**  
**Aug 08, 2003 8:00 am**  
**Secretary of State**

0012363

DOCUMENT # **L02000031192**

1. Entity Name  
**TOWNE COMPANIES, LLC**

*AD*  
*1-31-03*  


07-14-2003 90091 024 \*\*\*\*50.00  
08-08-2003 90060 023 \*\*\*\*50.00

Principal Place of Business  
**C/O IRWIN S. GARS. ESO.  
3225 AVIATION AVENUE, SUITE 700  
MIAMI FL 33133**

Mailing Address  
**P.O. BOX ~~144887~~ 140010  
CORAL GABLES FL 33114**

2. Principal Place of Business  
**PO Box ~~144887~~ 140010**

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Coral Gables, FL**

Zip  
**33114**

Country  
**US**

4. FEI Number  
**02-0655337**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

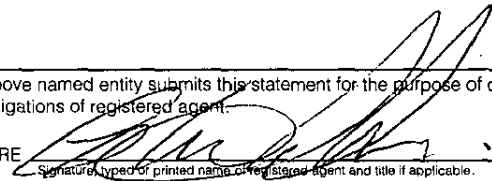


CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**LORBER, CHARLOTTE  
49 NAVARRE AVENUE, SUITE 1  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
Name  
**Barry A. Nelson**  
Street Address (P.O. Box Number is Not Acceptable)  
**2775 Sunny Isles Blvd. Suite 118**  
City  
**North Miami Beach** **FL** Zip Code  
**33160**

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 **8-3-03**

**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	<b>MGR TOWNE PROPERTIES, INC. 3225 AVIATION AVENUE, SUITE 700 MIAMI FL 33133</b>	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PO Box <del>144887</del> 140010 Coral Gables, FL 33114</b>	
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
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

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

**7/29/03**  
Date

Daytime Phone #

CR2E083 (4/03)