

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0001603

DOCUMENT # L02000032133

1. Entity Name

CORNER SHOT GROUP, L.L.C.



FILED

03 SEP 24 AM 10:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

201 ALHAMBRA CIRCLE, SUITE 801  
CORAL GABLES FL 33134

Mailing Address

201 ALHAMBRA CIRCLE, SUITE 801  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2305417

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRONGOLD & SINGER, P.L.  
201 ALHAMBRA CIRCLE, SUITE 801  
CORAL GABLES FL 33134

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME **MANAGER**  
STREET ADDRESS **CORNER KROWN, L.L.C.**  
CITY-ST-ZIP **201 Alhambra Circle, Suite 801**  
**Coral Gables, FL 33134**

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400023543934  
10/03/03--01045--027 \*\*50.00

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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: **CORNER KROWN, L.L.C.**  
**BY: M.G. LARK, TWO, L.L.C.**  
**SIGNATURE REQUIRED**

**9/19/03 305-446-3033**

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

Date

Daytime Phone #

CR2E083 (4/03)