FILED
Mar 18, 2003 8:00 am
Secretary of State
03-18-2003 90155 014 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032256

1. Entity Name
14278 BISCAYNE, L.L.C.

Principal Place of Business	Mailing Address
C/O JOCKEY CLUB I 11111 BISCAYNE BLVD., STE 101 MIAMI, FL 33181	C/O JOCKEY CLUB I 11111 BISCAYNE BLVD., STE 101 MIAMI, FL 33181

2. Principal Place of Business		3. Mailing Address	
		300 South Pointe Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt. 3103	
City & State		City & State Miami Beach, FL	
Zip	Country	Zip 33139	Country

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number 54-2086613 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, MARJORIE F
1090 KANE CONCOURSE, SUITE 202
BAY HARBOR ISLAND, FL 33154

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			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Jerrold Blair 300 South Pointe Dr., #3103 Miami Beach, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: Jerrold Blair Jerrold Blair 3/14/03 305 981-4466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #