

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91159 015 \*\*\*\*50.00

**DOCUMENT # L02000032844**

**1. Entity Name**

**RS MIRAMAR RESIDENTIAL VENTURES II,  
LLC**



**DO NOT WRITE IN THIS SPACE**

**30068286**

**2. Principal Place of Business**  
**3225 Aviation Avenue**

**3. Mailing Address**  
**3225 Aviation Avenue**

Suite, Apt. #, etc.  
**Suite 700**

Suite, Apt. #, etc.  
**Suite 700**

City & State  
**Coconut Grove, FL**

City & State  
**Coconut Grove, FL**

**4. FEI Number** **05-0536414**

Applied For  
Not Applicable

Zip  
**33133**

Country  
**USA**

Zip  
**33133**

Country  
**USA**

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Stewart Marcus**

Street Address (P.O. Box Number is Not Acceptable)

**3225 Aviation Avenue, 7th Floor**

City **Coconut Grove, FL** **FL** Zip Code  
**33133**

**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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Stewart Marcus  
3225 Aviation Avenue, 7th Floor  
Coconut Grove, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Randy Rieger  
3225 Aviation Avenue, 7th Floor  
Coconut Grove, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
W. Peter Temling  
3225 Aviation Avenue, 7th Floor  
Coconut Grove, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Wayne O. Norris  
3225 Aviation Avenue, 7th Floor  
Coconut Grove, FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

**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:**

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

**4/30/03**

Date

**(305) 860-8188**

Daytime Phone #

CR2E083B (12/02)