

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-17-2003 90012 024 ****50.00

DOCUMENT # L02000033104

1. Entity Name

AWF ASSOCIATES I, LLC



Principal Place of Business

**4665 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

Mailing Address

**4665 PONCE DE LEON BLVD.
CORAL GABLES FL 33146**

2. Principal Place of Business

95 Merrick Way

Suite, Apt. #, etc.

Suite 380

City & State

Coral Gables, FL

Zip **FL 33134**

Country **Miami-Dade**

3. Mailing Address

95 Merrick Way

Suite, Apt. #, etc.

Suite 380

City & State

Coral Gables, FL

Zip **33134**

Country **Miami-Dade**

30107302



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

82-0576190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAXTER, JEFFREY L ESQ.
C/O BAXTER & ELIAS, LLP
15500 NEW BARN ROAD, SUITE 104
MIAMI LAKES FL 33014**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE **MGRM** ☐ Delete
NAME **BLANCO, GRACE**
STREET ADDRESS **4665 PONCE DE LEON BLVD.**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **95 Merrick Way, Suite 380**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

9/11/03

(305) 446-0011

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

Date

Daytime Phone #

CR2E083 (4/03)