

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

03-17-2003 90592 018 *****55.00

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DOCUMENT # L02000033146

1. Entity Name

AWF EDISON PARK, LLC



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

95 Merrick Way

95 Merrick Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 360

SUITE 360

City & State

City & State

Coral Gables, FL.

Coral Gables, FL.

Zip

Country

Zip

Country

33134

USA

33134

USA

4. FEI Number **14-1861273**

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

7. Name and Address of New Registered Agent

**BAXTER, JEFFREY L ESQ.
15500 NEW BARN ROAD
SUITE 104
MIAMI LAKES FL 33014**

Name

Tom Wood Jr.

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

95 Merrick Way SUITE 360

City

Coral Gables, FL.

FL

Zip Code

33134

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

Tom Wood Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/11/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE **MGRM**
NAME **AWF I, LLC**
STREET ADDRESS **4665 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES FL 33146**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ 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:

Tom Wood Jr.

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

8/11/03

Date

305-447-7820

Daytime Phone #

CR2E083 (4/03)