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

DOCUMENT # L02000034141

1. Entity Name

82ND STREET DEVELOPMENT, LLC



FILED Mar 13, 2003 8:00 am Secretary of State 03-13-2003 90004 014 ****50.00

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D.	JINOT WRITE	. IN IFIIS S	FAL	/E				
2. Principal Place 1450 Mada	of Business Cuga Avenue	3. Mailing Address						
Suite, Apt. #, etc. Suite 303		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Coral Gables, Florida		City & State			4. FEI Number 83-0347604		Applied For Not Applicable	
Zip 33146	Country Miami-Dade	Zip	Country		5. Certificate	e of Status Desired		5.00 Additional Required
					7. Name and	Address of Current	Registered A	gent
	DO NOT W	RITE		Name	P.O. Box Number is Not Acceptable)			
	IN THIS SF			- Street Address (i	P.O. Box Numb	er is Not Acceptable)	
				City	<u>السا</u>		E 1	Zip Code
							FL	6
The above name the obligations	ed entity submits this statement fo of registered agent.	r the purpose of changing i	ts register	ed office or registere	ed agent, or bo	th, in the State of Flor	rida. I am fami	liar with, and accept
SIGNATURE Signa	ture, typed or printed name of registered agent a	and title if applicable.					DATE	
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	4		DUE BY	CONTRACTOR OF THE PROPERTY OF				
9.	MANAGING MEMBE	RS/MANAGERS						
IIILE Pr	esident		TITLE	: T				
	genio J. Coscullue	la. Jr.	NAM	I				
	50 Madruga Avenue,		STRE	ET ADDRESS				
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE