## L'IMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAG

DOCUMENT # L02000034510

1. Entity Name



Rege	ency Square of Browa	ard, LLC		Secretary of State	
	DO NOT WRIT	E IN THIS	SPACE		
Principal Place of Business     1541 Sunset Drive		3. Mailing Address 1541 Sunset Drive		MMM	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300		DO NOT WRITE IN THIS SPACE	
City & State Coral Gables, Florida		City & State Coral Gables, Florida		4. FEI Number 76-0725253 Applied For	]
Zip 33143	Country USA	Zip 33143	Country	Not Applicable     S. Certificate of Status Desired     \$5.00 Additional	1
33143		33143	USA	Fee Required 7. Name and Address of Current Registered Agent	1
DO NOT WRITE			Name Ge		
			61600000000000000000000000000000000000		
INTIIS		SPACE	1541 Sur	nset Drive, Suite 300	
			City Cora		
8. The above the obligation	e named entity submits this statement tions of registered agent.	nt for the purpose of chang	ing its registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Prinative, typed or printed name of registered a	gent and title if applicable.	r Cerally	M Higier 3/5/03	
	· ·	Make Check P	FEE IS \$50.00 ayable to Florida Depart DUE BY MAY 1	5 00014064095 tment of \$184-13/0301049004- **55.00	ļ
9.	MANAGING MEN	MBERS/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	Manager Gerald M. Higier 1541 Sunset Drive, Suit Coral Gables, Florida 33		TITLE  NAME  STREET ADDRESS  CITY: ST-ZIP		CR2E083B (12/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		CRZEO
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	ertify that the information supplied von this report is true and accurate a billty company of the receiver or true			n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the napter 608, Florida Statutes.	

OR AUTHORIZED REPRESENTATIVE