

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034575  
1. Entity Name  
Plantation Promenade, LLC



FILED  
03 MAR 13 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

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|--|--|--|--|
| 2. Principal Place of Business<br>1541 Sunset Drive<br>Suite, Apt. #, etc.<br>Suite 300<br>City & State<br>Coral Gables, Florida<br>Zip<br>33143<br>Country<br>USA |  | 3. Mailing Address<br>1541 Sunset Drive<br>Suite, Apt. #, etc.<br>Suite 300<br>City & State<br>Coral Gables, Florida<br>Zip<br>33143<br>Country<br>USA |  |
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4. FEI Number 76-0725250 Applied For Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Gerald M. Higier  
Street Address (P.O. Box Number is Not Acceptable)  
1541 Sunset Drive, Suite 300  
City Coral Gables FL Zip Code 33143

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 *Gerald M. Higier* Signature, typed or printed name of registered agent and title if applicable. Gerald M. Higier 3/5/03 DATE

FEES \$50.00  
Make Check Payable to Florida Department of State  
DUE BY MAY 1

600014064086  
3/03--01049--003 \*\*55.00

| 9. MANAGING MEMBERS/MANAGERS                   |  |  |                                   |
|--|--|--|-----------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Manager<br>Gerald M. Higier<br>1541 Sunset Drive, Suite 300<br>Coral Gables, Florida 33143 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Gerald M. Higier* Signature, typed or printed name of signing managing member, manager, or authorized representative. Gerald M. Higier 3/5/03 305 6662110 Date Daytime Phone #

CR2E089B (12/02)