

2001 UNIFORM BUSINESS REPORT (UBR)

0010380 AF

DOCUMENT # L93000000203

1. Entity Name
HARLEY-DAVIDSON REALTY, L.C.

FILED

01 APR -9 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 19400 N.W. 2ND AVE. MIAMI FL 33169	Mailing Address 11193 N.E. 8TH CT. MIAMI FL 33161-7205
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 19400 NW 2nd AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI, FL	
Zip	Country	Zip 33169	Country

4. FEI Number 65-8435710 0418870	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PETERSON, PHILIP S 11193 NE 8TH COURT MIAMI FL 33161-7205	7. Name and Address of New Registered Agent Name Peterson, Dirk M. Street Address (P.O. Box Number is Not Acceptable) 19400 NW 2nd AVE City MIAMI FL Zip Code 33169
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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.

SIGNATURE *Philip S. Peterson* Philip S. Peterson 04/05/2001
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 Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERSON ENTERPRISES OF DADE, INC. 11193 N.E. 8TH COURT BISCAYNE PARK FL 33161-7205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Philip S. Peterson* Philip S. Peterson 04/05/2001 (305)651-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)