

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93000000223

1. Entity Name
LEMAR L.C.

FILED

01 MAY -1 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
200 S. BISCAYNE BLVD
20TH FLOOR
MIAMI FL 33131

Mailing Address
200 S. BISCAYNE BLVD
20TH FLOOR
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

201 South Biscayne Blvd
Suite 850

201 South Biscayne Blvd
Suite 850

City & State
Miami FL

City & State
Miami FL

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number
65-0447998

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSSZ FIU CORP.
200 S. BISCAYNE BLVD
20TH FLOOR
MIAMI FL 33131

Name
address change only
Street Address (P.O. Box Number is Not Acceptable)
201 South Biscayne Blvd
Suite 850
City Miami FL Zip Code 33131

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 Rossz Fi Corp. *[Signature]* Jan Carson Cheezem, Pres. 4/30/01
Signature, typed or printed name of registered agent and title if applicable (NOT: 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 MGR ☐ Delete
NAME OUGRIK, ALEXIS
STREET ADDRESS 200 S. BISCAYNE BLVD., 20TH FLOOR
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ Change ☐ Addition
NAME 201 S. Biscayne Blvd, suite 850
STREET ADDRESS miami, FL 33131
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 200004274952-1
STREET ADDRESS -05/21/01--01190--003
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Alex's Ougrik *[Signature]* Jan Carson Cheezem *[Signature]* attorney in fact 4/30/01 305 702 3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)