FILED

2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9300000453



2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)						Jan 27, 2003 8:00 am Secretary of State			
DOCUMENT # L9300000453 1. Entity Name						Secreta 01-27-2003 9	•		
•	ERRACE LANDOWNERS LIF	MITED COMPANY				01 27 2005	70002 002	50.	00
Principal Place of Business		Mailing Address	Mailing Address						
9509 Harding ave. Surfside FL 33154		6001 NW 153 ST. SUITE 110 MIAMI LAKES FL 33014		20018348					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Nun	^{nber} 65-0463174			plied For at Applicable
Zip	Country	Zip	Zip Coun		5. Certifica	ate of Status Desired		5.00 Add e Required	
6. Name and Address of Current Registered Agent				Name	7. Name a	nd Address of New R	egistered Ag	ent	
WASERSTEIN, RICHARD 913 NORMANDY DR MIAMI BEACH FL 33141		T			ess (P.O. Box Number is Not Acceptable)				
			•	City			FL	Zip Code	e
8. The above	named entity submits this statement	for the purpose of changing	its register	ed office or registere	ed agent, or t	ooth, in the State of Flo		niliar with.	and accept
	ions of registered agent.					,		,	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (N	IOTE: Registere	d Agent signature required	when reinstating)		DATE		
		FILE	NOW!!! I	FEE IS \$50.00	-				
		Make Check Paya		orida Departmer ay 1, 2003	nt of State				
			10.		<u></u>	ADDITIONS/			
NAME	MIAMI LAKES FL 33014		E			[Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS -ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAM	E				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE NAME STREET AODRESS		☐ Delete	TITLE NAM Stre	i				Change	☐ Addition
CITY-ST-ZIP		[7]	CITY	-ST-ZIP			<u> </u>	7.05	FT saute-
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CITY-ST-ZIP TITLE NAME		☐ Delete	TITLE	- 1		.,		Change	Addition
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADDRESS -ST-ZIP					

11. I hereby certify that the information supplies with this flying 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 for tristee employer to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Daytime Phone #