

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR 26 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0008746 AF

DOCUMENT # **L94000000535**

1. Entity Name  
**ACQUISITION VENTURES, L.C.**

Principal Place of Business <b>% FIELDSTONE. LESTER AND SHEAR 200 S. BISCAYNE BLVD., SUITE 2100 MIAMI FL 33131-2104</b>	Mailing Address <b>% FIELDSTONE. LESTER AND SHEAR 200 S. BISCAYNE BLVD., SUITE 2100 MIAMI FL 33131-2104</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>201 Alhambra Circle</b>	3. Mailing Address <b>201 Alhambra Circle</b>
Suite, Apt. #, etc. <b>Suite 601</b>	Suite, Apt. #, etc. <b>Suite 601</b>
City & State <b>Coral Gables, FL</b>	City & State <b>Coral Gables, FL</b>
Zip <b>33134</b>	Zip <b>33134</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0576624</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**LESTER, PAUL A  
200 S. BISCAYNE BLVD.  
SUITE 2100  
MIAMI FL 33131-2104**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) <b>201 Alhambra Circle, Suite 601</b>
City <b>Coral Gables</b>
State <b>FL</b>
Zip Code <b>33134</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

7000004163227--7  
-05/08/01--01120--048  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SILFEN, H. WILLIAM 356 GOLFVIEW ROAD N. PALM BEACH FL 33408</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM SARISOHN, BERNARD % 2601 S. BAYSHORE DR., SUITE 1600 MIAMI FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **REMAINED** 4/20/01 631 475 8767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)