

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0002621 AF

DOCUMENT # L95000000030

1. Entity Name  
CARROLLWOOD ASSOCIATES, L.C.

00 MAY 18 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

777 Brickell Ave., Ste. 1200  
SUITE 630  
MIAM FL 33131

Mailing Address

777 Brickell Ave., Ste. 1200  
SUITE 630  
MIAM FL 33131-3503



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0551396

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVENSHON, IRA M  
% M2 REALTY CORPORATION  
777 Brickell Ave., Ste. 1200  
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 MGRM ☐ Delete  
NAME LEWIN, NATHAN  
STREET ADDRESS Wurzerstrasse 17  
CITY-ST-ZIP 80539 Munich, Germany

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 800003283978--1  
-06/12/00-01005-009  
\*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE MGRM ☐ Delete  
NAME GENAUER, MARTIN J  
STREET ADDRESS % 2 ALHAMBRA PLAZA, STE. 1202  
CITY-ST-ZIP CORAL GABLES FL 33134

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE REQUIRED

Nathan Lewin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)