

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000076

1. Entity Name
FLORIDA HOLDINGS 7, L.C.

Principal Place of Business

1500 S. HWY. 100
SUITE 375
MINNEAPOLIS MN 55416

Mailing Address

1500 S. HWY. 100
SUITE 375
MINNEAPOLIS MN 55416-1595

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0547063

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

DADY, ROBERT E
100 S.E. 2ND ST.
SUITE 4000
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 NAME ☐ Delete
MGR
RICHMAN, VICTORIA S
STREET ADDRESS 1500 S. HWY. 100, SUITE 375
CITY- ST- ZIP MINNEAPOLIS MN 55416

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
800003118498--1
-02/01/00-01072-013
*****50.00 *****50.00

TITLE NAME ☐ Delete
MGR
PAYNE, KIRBY D
STREET ADDRESS 1500 S. HWY. 100, SUITE 375
CITY- ST- ZIP MINNEAPOLIS MN 55416

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY- ST- ZIP

TITLE NAME ☐ 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1/8/00 6125919474

CR2E083 (9/99)

2000 UBR

FILED

00 JAN 27 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE