

L95000000459

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
TOLL FREE No. 1-800-342-8062  
FAX (904) 222-1222

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matlor No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 16 PM 3:22

REQUEST TAKEN CONFIRMED APPROVED  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
BY *Shw* \_\_\_\_\_

WALK-IN  
Will Pick Up *6-14 2:00*

RE: *Aubrey TARRAKYDON*  
*Bra 144* 95 JUN 16

Capital Express™  
Art. of Inc. File  
Corp. Record Search  
Ltd. Partnership File  
Foreign Corp. File  
( ) Cert. Copy(s)  
Art. of Amend. File  
Dissolution/Withdrawal  
C U S-  
Fictitious Name File  
Name Reservation  
Annual Report/Reinstatement  
Reg. Agent Service  
Document Filing  
Corporate Kit  
Vehicle Search  
Driving Record  
Document Retrieval  
UCC 1 or 3 File  
UCC 11 Search  
UCC 11 Retrieval  
File No.'s, Copies  
Courier Service  
Shipping/Handling  
Phone ( )  
Top Priority  
Express Mail Prep.  
FAX ( ) pgs.

SUBTOTALS

|                                |    |
|--------------------------------|----|
| FEE.....                       | \$ |
| DISBURSED.....                 | \$ |
| SURCHARGE.....                 | \$ |
| TAX on corporate supplies..... | \$ |
| SUBTOTAL.....                  | \$ |
| PREPAID.....                   | \$ |
| BALANCE DUE.....               | \$ |

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 16 PM 3:22

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

Aubrey Tamarron Realty, L.C.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Aubrey Realty Corp., 270 Madison Avenue, New York, N.Y. 10016.

ARTICLE III

The period of duration for the Limited Liability Company shall be perpetual.

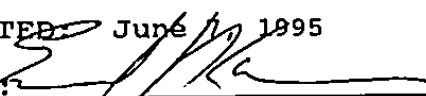
ARTICLE IV

The Limited Liability Company is to be managed by a manager or managers and the names and addresses of such managers who are to serve as manager are:

Abraham Krieger - 98 Cutter Mill Road  
Great Neck, N.Y. 11021

Edward Lukashok - 270 Madison Avenue  
New York, N.Y. 10016

DATED: June 1995

By:   
Edward Lukashok, Member

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Aubrey Tamarron Realty, L. C. deposes and says:

1. The above-named limited liability company has at least two members.

2. The total amount of cash contributed by the members is \$1,000.00.

3. The total amount of cash or property anticipated to be contributed by a member(s) is \$25,000.00. This total includes amounts from No. 2 above.

  
Edward Lukashok

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 16 PM 3:22

CERTIFICATE of DESIGNATION  
OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the following is submitted, in compliance with said Act by the undersigned Limited Liability Company in designating the registered office/registered agent:

- 1) The name of the limited liability company is:

AUBREY TAMARRON REALTY, L.C.

- 2) The name and address of the registered agent and office is:

Attn:  
Capital Connection, Inc.  
417 E. Virginia Street  
Tallahassee, FL 32301

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND ADDRESS TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATED: 6-16-95

Barbara Neely

(signature)

# L95000000459

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

(904) 385-6735

(City, State, Zip)

(Phone #)

600001658256  
-12/11/95--01008--015  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

OFFICE USE ONLY

CF. 52.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Acubry TAMARON Realty, L.C.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS                          |                                       |
|-------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> | Amendment                             |
| <input type="checkbox"/>            | Resignation of R.A., Officer/Director |
| <input type="checkbox"/>            | Change of Registered Agent            |
| <input type="checkbox"/>            | Dissolution/Withdrawal                |
| <input type="checkbox"/>            | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 DEC -5 PM 4:27

FILED

95 DEC -5 PM 3:53

RECEIVED

Firt

MAK  
Change  
12/6/95

Examiner's Initials

DC

CERTIFICATE OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF


AUBREY TAMARRON REALTY, L.C.,  
a Florida Limited Liability Company

FILED  
95 DEC -5 PM 4:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- FIRST:** The date of filing of the Articles of Organization was  
June 16th, 1995
- SECOND:** The following amendment to the Articles of Organization  
was adopted by the limited liability company.

Article I-Name has been amended to read  
The name of this limited liability company is:  
AUBREY PROPERTY MANAGEMENT, L.C.

Dated: December 4, 1995

  
\_\_\_\_\_  
Signature of a member or authorized representative

Edward Lukashok, Managing Member  
\_\_\_\_\_  
Typed or printed name of person signing

L95000000459

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Stephen R. Glantz EIN or SS#: 65-0015755

Address: 21301 Powerline Rd - 309  
Boca Raton, FL 33433-2391

Amount: \$43.75 Date Paid 11/21/95

Reason for claim: Duplicate payments made.

Certified true and correct this 24 day of Dec, 19 96.

Signature [Signature]

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

Amend, L. SEITE AUBREY TAMARRON REALTY, L.C. L95000000459

| For Agency Use Only  |   |
|--|---|
| Agency recommends approval of above claim and submits the following information to substantiate the claim:   | Amount of recommended refund <u>\$43.75</u> |
| The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>01093 004</u> dated <u>11/21/95</u> |   |
| Name of Account:   | <u>45202130001453000000000010000</u>        |
| Statutory Authority for Collection:  |   |
| It is requested that payment be made from the following account:   |   |
| NAME OF ACCOUNT:   | <u>452021300014530000000022002000</u>       |
| Certified true and correct this _____ day of _____, 19 _____   |   |
| Department of State - Division of Corporations   | (Agency) (Authorized Signature and Title)   |

STEPHEN R. GLADSTONE  
ATTORNEY & COUNSELLOR AT LAW  
GROVE CENTRE  
21301 POWERLINE ROAD-SUITE 309  
BOCA RATON, FLORIDA 33433-2391

(407) 394-0096

Fax (407) 394-7887

November 17, 1995

Division of Corporations  
409 E. Gaines Street  
Tallahassee, Fl. 32399

Attn: Amendment Section

300001643193  
-11/21/95--01093--004  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

Re: Aubrey Tamarron Realty, L.C.

Dear Sir or Madam.

Please find enclosed our draft in the amount of \$43.75 for the filing of the enclosed articles of amendment and a certificate of status. We have enclosed a self-addressed, stamped envelope for your convenience.

Thank you for your courtesy and cooperation in this matter.

Very truly yours,

  
Stephen R. Gladstone

SRG/ab

678  
00789, 00663, 02308  
00671



STEPHEN R. GLADSTONE  
ATTORNEY & COUNSELLOR AT LAW  
GROVE CENTRE  
21301 POWERLINE ROAD-SOUTH 309  
BOCA RATON, FLORIDA 33433-2391

---

(407) 394-0096

December 18, 1995

Fax (407) 394-7887

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: Attached correspondence

Dear Sir or Madam,

I am enclosing a letter received from your office regarding the change of name of a limited liability company. Subsequent to having discovered the balance in fees and prior to our receipt of this correspondence, duplicate documentation along with a draft for the correct amount was filed by a corporate service on our behalf.

Please return to our office the \$43.75 previously forwarded, as this amount was again, paid a second time along with the filing the amendment to articles of incorporation.

Thank you for your courtesy and cooperation in this matter.

Very truly yours,



Stephen R. Gladstone

SRG/ab

RECEIVED  
95 DEC 21 AM 8:30  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

December 1, 1995

STEPHEN R. GLADSTONE  
21301 POWERLINE ROAD  
SUITE 309, GROVE CENTRE  
BOCA RATON, FL 33433-2391

SUBJECT: AUBREY TAMARRON REALTY, L.C.  
Ref. Number: L95000000459

We have received your document for AUBREY TAMARRON REALTY, L.C. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$8.75. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fee to file this document is \$52.50. For each certified copy requested, please add an additional \$52.50.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6902.

Linda Stitt  
Corporate Specialist

Letter Number: 095A00052546



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 4, 1996

STEPHEN R. GLADSTONE  
21301 POWERLINE ROAD  
SUITE 309, GROVE CENTRE  
BOCA RATON, FL 33433-2391

SUBJECT: AUBREY PROPERTY MANAGEMENT, L.C.  
Ref. Number: L95000000459

We have received your document for AUBREY PROPERTY MANAGEMENT, L.C. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the enclosed refund application and return it to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6902.

Linda Stitt  
Corporate Specialist

Letter Number: 196A00000330

# CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

**L95000000459**

NAME \_\_\_\_\_

FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Mailor No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RE: AUBREY PROPERTY MANAGEMENT, L.C.

\_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ Expired \_\_\_\_\_

\_\_\_\_\_ All. of \_\_\_\_\_

\_\_\_\_\_ Corp. Record Search \_\_\_\_\_

\_\_\_\_\_ Ltd. Partnership File \_\_\_\_\_

\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_

\_\_\_\_\_ ( ) Cert. Copy(s) \_\_\_\_\_

\_\_\_\_\_ All. of Amend. File \_\_\_\_\_

\_\_\_\_\_ Dissolution/Withdrawal \_\_\_\_\_

\_\_\_\_\_ C U B. \_\_\_\_\_

\_\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_\_ Name Reservation \_\_\_\_\_

\_\_\_\_\_ Annual Report/Reinstatement \_\_\_\_\_

\_\_\_\_\_ Reg. Agent ~~Resignation~~ \_\_\_\_\_

\_\_\_\_\_ Document Filing \_\_\_\_\_

\_\_\_\_\_ Corporate KII \_\_\_\_\_

\_\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_\_ Document Retrieval \_\_\_\_\_

\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_\_ File No.'s, \_\_\_\_\_ Copies \_\_\_\_\_

\_\_\_\_\_ Courier Service \_\_\_\_\_

\_\_\_\_\_ Shipping/Handling \_\_\_\_\_

\_\_\_\_\_ Phone ( ) \_\_\_\_\_

\_\_\_\_\_ Top Priority \_\_\_\_\_

\_\_\_\_\_ Express Mail Prop. \_\_\_\_\_

\_\_\_\_\_ FAX ( ) \_\_\_\_\_ pgs. \_\_\_\_\_

SUBTOTALS \_\_\_\_\_

FEE.....

DISBURSED.....

SURCHARGE.....

TAX on corporate supplies.....

SUBTOTAL.....

PREPAID.....

BALANCE DUE.....

REQUEST TAKEN CONFIRMED APPROVED

DATE 4/10/97 \_\_\_\_\_

TIME 11:12 \_\_\_\_\_ CK No. \_\_\_\_\_

BY [Signature] \_\_\_\_\_

WALK-IN  
Will Pick Up \_\_\_\_\_

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State

FILED  
97 APR 10 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Capital Connection, Inc.

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Aubrey Property Management, L.C.

(Name of Limited Liability Company)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature)

Weimar Lopez, Registered Agent Coordinator

#### FILING FEES:

\$ 87.50 Active Limited Liability Company  
\$ 35.00 Dissolved Limited Liability Company

INHS17(3/95)

# CAPITAL CONNECTION, INC.

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 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
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Mailor No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RE: AUBREY PROPERTY MANAGEMENT, L.C.

Corporation \_\_\_\_\_  
 Expired \_\_\_\_\_  
 Art. of Amend. \_\_\_\_\_  
 Corp. Record Search \_\_\_\_\_  
 Ltd. Partnership File \_\_\_\_\_  
 Foreign Corp. File \_\_\_\_\_  
 ( ) Cert. Copy(s) \_\_\_\_\_  
 Art. of Amend. File \_\_\_\_\_  
 Dissolution/Withdrawal \_\_\_\_\_  
 C U B \_\_\_\_\_  
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 Reg. Agent ~~Resignation~~ \_\_\_\_\_  
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 Phone ( ) \_\_\_\_\_  
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 FAX ( ) \_\_\_\_\_ pgs. \_\_\_\_\_

97 APR 10 PM 1:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

## SUBTOTALS

FEE.....  
 DISBURSED.....  
 SURCHARGE.....  
 TAX on corporate supplies.....  
 SUBTOTAL.....  
 PREPAID.....  
 BALANCE DUE.....

97 APR 10  
 REC'D  
 P.A.  
 Resign

REQUEST TAKEN CONFIRMED APPROVED  
 DATE 4/10/97  
 TIME \_\_\_\_\_  
 BY [Signature] CK No. \_\_\_\_\_

WALK-IN  
 Will Pick Up \_\_\_\_\_

Please remit Invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum.

THANK YOU  
 from  
 Your Capital Connection



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Sandra B. Mortham  
Secretary of State

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TALLAHASSEE FLORIDA

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(Signature)

Weimar Lopez, Registered Agent Coordinator

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\$ 87.50 Active Limited Liability Company  
\$ 35.00 Dissolved Limited Liability Company

DNHS17(3/95)