

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90570 001 ****50.00

0030178

DOCUMENT # L95000000962

1. Entity Name

IDEN FAMILY REALTY NO. 1, L.C.



Principal Place of Business

**7519 LA PAZ BLVD., APT. 307C
BOCA RATON FL 33433**

Mailing Address

**7519 LA PAZ BLVD., APT. 307C
BOCA RATON FL 33433**

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

65-0465396

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

**BROOKE, PETER M
201 ALHAMBRA CIRCLE, SUITE 1200
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
IDEN, MITCHELL S
7519 LA PAZ BLVD., APT. 307C
BOCA RATON FL 33433** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11 indicated on this report is true and accurate and that my signature shall have the same legal effect as if made by a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608,

3)(i), Florida Statutes. I further certify that the information that I am a managing member or manager of the a Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

DATE

Daytime Phone #

4/28/03 212 302 2900

CR2E083 (10/02)