2000 UNIFORM BUSINESS REPORT (UBR)						APPROY AND	'ED			
DOCUMENT # L9600001133  1. Entity Name MIAMI NATIONAL GOLF CLUB, L.C.						FILE	)			=
					t	-2° 09 MAY -2 PM 3: 18				
	·					SECRETARY O	FISTATE		v	
Principal Place of Business Mailing Address					7	TALI AHASSEE.	FLORIDA	<b>X</b>	•	
6401 KENDALE LAKES DR MIAMI FL 33183		6401 KENDALE LAKES DR MIAMI FL 33183-1801					·			
				-						
2. Principal Place of Business		3. Mailing Address			-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEIT	65-0714092	2	<u> </u>	plied For t Applicable	}
Zip Country		Zip Coun		ntry	5. Certificate of Status Desir			5.00 Add		
6. Name and Address of Current Registered Agent				7Name and Address of New Registered Agent						1
MAYS, R. DANIEL				Name	ress (P.O. Box Number is Not Acceptable)					-
14610 SW			Street Address	(F.O. DOX I	Infiliper is Not Acceptable		h-mT			
MIAMI FL	33158			City		•		Zip Code		-
8. The above named entity submits this statement for the purpose of changing					Laste factor Ober of El	FL	Zip oode	<u></u>	}	
8. The above	named entity submits this statement for t	the purpose of changing its	register	ea office or regist	ered agent,	or both, in the State of Fi	orida.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							DATE			
	-	FILE NO	:!!WC	FEE IS \$50.00	)					
,		Make Check Pa	yable t	o Department	of State			,		
9.	MANAGING MEMBER		10.			ADDITIONS				66
TITLE NAME	MGRM MAYS, R. DANIEL	, L.J Delete	. Delete TITE		1605 Loucks Rd			Change	Addition	(66/6)
STREET ADDRESS CITY-ST-ZIP	1930 ISAAC NEWTON SQ., STE 2 RESTON VA 20190	207		EET ADDRESS 📗 🦰 🕏		77 17484			:	CR2E083
TITLE	MGRM	☐ Delete	TITL	E		L 0 1		Change	Addition	5
NAME STREET ADDRESS	GARCHIK, STEPHEN 1930 ISAAC NEWTON SQ., STE 2	207	NAM STRI	EET ADDRESS 🔝 🔨		oucks Rd PA 1742				
CITY-ST-ZIP	RESTON VA 20190	Detete	CITY	. LING	ork iem		·	Change	Addition	-
NAME	· · · · · · · · · · · · · · · · · · ·		. ZNAM	امل الله	hn-Cap	oraletti -			P	
STREET ADDRESS CITY-ST-ZIP	,			EET ADDRESS	os lo	ucks Rd + 17404				
TITLE NAME		\ □ Deleta	TITL	E	_			Change	Addition	
STREET ADDRESS			<b>S</b> TRI	EET ADDRESS	ļ	9000032 -05/19/	202	19-	-6	
TITLE			TITL	r- ST- ZIP		-05/19/ *****5			.5 ]_[ <b>][][]</b>  ddDtlon	-
NAME 🕏 📑			NAM	IE					•••	
STREET ADDRESS CITY-87-ZIP				EET ADDRE88 \$t- zip						
TITLE		☐ Delete	TITL					☐ Change	Addition	
STREET ADDRESS			STRI	EET ADDRESS						
11. I hereby o	certify that the in a mation supplied with	his filing does not 🍂 alify for		mption stated in s	Section 119.	07(3)(i), Florida Statutes.	I further certif	y that the in	formation	
11. I hereby certify that the information supplied with his filing does not challfy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is rue and accurate and that my signature shall like the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the given or muster and owned to produce the report as required by Chapter 608, Florida Statutes.										
SIGNAT		URE REQU	Shir	Plapora	letti	4 29 00	717-7	<del></del>	356	
	SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING MANAGING	MEMBER (	OR MANAGER		Date	Day	time Phone #		1