

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2003 8:00 am**  
**Secretary of State**

09-22-2003 90104 031 \*\*\*\*50.00

**DOCUMENT # L97000000062**

1. Entity Name

**PHENIX HOSPITALITY, L.C.**



Principal Place of Business

**7270 NW 12TH ST. PH-1  
MIAMI FL 33126**

Mailing Address

**7270 NW 12TH ST. PH-1  
MIAMI FL 33126**

2. Principal Place of Business

**620 N. University Drive**

3. Mailing Address

**1370 West Sixth Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#210**

City & State

**Coral Springs, FL**

City & State

**Cleveland, Ohio**

Zip

Country

Zip

Country

**44113**

4. FEI Number

**65-0731882**

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

**BRODIE, SIDNEY Z**

**7270 NW 12TH ST, PH-1  
MIAMI FL 33126**

Name

**Alexander J. Williams**

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

**West Side Corporate Center**

**150 S. Pine Island Road, #400**

City

**Ft. Lauderdale**

FL

Zip Code

**33324**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/18/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **SAHLEY, THEODORE A**  
STREET ADDRESS **3300 N UNIVERSITY DR #408**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE **MGRM** ☒ Delete  
NAME **MARGO, NEAL**  
STREET ADDRESS **3300 N UNIVERSITY DR #408**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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  
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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:

**THEODORE A SAHLEY**

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

Date

Daytime Phone #

CR2E083 (4/03)