

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -6 AM 10: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L97000000988
1. Entity Name
SIESTA POINTE HOLDINGS, L.C.

Principal Place of Business: 2121 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134
Mailing Address: 2121 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134-5222

2. Principal Place of Business: 2121 Ponce de Leon
Suite, Apt. #, etc.: Penthouse II
City & State: Coral Gables FL
Zip: 33134 Country: USA
3. Mailing Address: Same
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 52-213845 APPLIED FOR
Applied For: Applied For
Not Applicable: Not Applicable
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WOLFE, LEON J
SUITE 3500 - INTERNATIONAL PLACE
100 S.E. 2ND STREET
MIAMI FL 33131-2130

7. Name and Address of New Registered Agent
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: _____ (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	
TITLE NAME: MGRM STREET ADDRESS: CORNERSTONE SIESTA POINTE, INC. CITY-ST-ZIP: 2121 PONCE DE LEON BLVD., #650 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
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10. ADDITIONS / CHANGES	
TITLE NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*****55.00 *****55.00

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: **SIGNATURE REQUIRED**
Date: 02-28-00 Daytime Phone #: (305) 443-8288

CR2E083 (9/99)