

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90256 040 ****55.00

DOCUMENT # L97000001163
1. Entity Name

Brownsville Renaissance Shopping Center,
LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address c/o DEEDCO

Suite, Apt. #, etc.

105 SE 12 Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Homestead, FL

4. FEI Number

65-0788500

Applied For
Not Applicable

Zip

Country

Zip
33030

Country

USA

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Milton Vickers

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

105 SE 12 Avenue

City

Homestead

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Dade Employment & Economic
Development Corp., Inc.
105 SE 12 Avenue

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Homestead, FL 33030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

CR2E083B (12/01)