2003 LIMITED LIABILITY COMPANY

U	NIFORM BUSINE	SS REPOR	T (U	BR)		ř			
DOCUMENT # L9700001202 1. Entity Name CP MIAMI HOLDINGS, L.L.C.							ED		
Principal Place of Business		Mailing Address		<u> </u>		03 FEB 28	PM 2: 3	32	
3250 MARY STREET SUITE 500 MIAMI FL 33133		3250 MARY STREET SUITE 500 MIAMI FL 33133		្សី ((() () () ()	SEGRETARY TALEAHASSE	OF STA	KIL NDA		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE II	MAKING (CHANGES		
City & State		City & State			4. FEI Numb	^{per} 65-0791980			oplied For ot Applicable
Zip			Count	ry	5. Certificate	e of Status Desired		5.00 Ad e Require	
6. Name and Address of Current Registered Agent				Name	7. Name and	d Address of New Re	gistered Ag	ent	
PELTZ, ARVIN ESQ 3250 MARY STREET SUITE 500 MIAMI FL 33133			!		O. Box Numb	er is Not Acceptable)			
MICI	MI FE 33133			City			FL	Zip Cod	е
8. The above	named entity submits this statement for t tions of registered agent.	he purpose of changing its	s registere	d office or registere	ed agent, or bo	th, in the State of Flori	da. I am fan	niliar with,	and accept
SIGNATURE	and a supplemental and a supplem								
				Agent signature required	when reinstating)		DATE	· · · ·	
		Make Check Payab	le to Flo	EE IS \$50.00 rida Departmer y 1, 2003	nt of State				
9.	MANAGING MEMBERS	S/MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARISON, MICKEY 3655 N.W. 87TH AVENUE MIAMI FL 33178			T ADDRESS ST-ZIP	7 <i>C</i> 02/28.)001327 /03-01064-	'555' 003 **] <u>C</u> hange •50.00	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANK, HOWARD 3655 N.W. 87TH AVENUE MIAMI FL 33178	1		I ADDRESS ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lefton, Donald 3250 Main Street, 5th floor Miami Fl 33133	STREET, 5TH FLOOR		ADDRESS (] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Weiser, Sherwood 3250 Main Street, 5th Floor Miami Fl 33133	□ Delete	TITLE NAME STREET CITY-S	ADDRESS IT-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEMLING, W. PETER 3250 MAIN STREET, 5TH FLOOR MIAM! FL 33133	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		-	Γ] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with thi	Delete	CITY-S			M Fig. 160	rther certify	Change	Addition

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

Dajume Phone #