

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

0019656

DOCUMENT # L98000000698

1. Entity Name  
**THE MIAMI BEACH CLUB, L.C.**



**FILED**

03 MAY -2 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**18305 BISCAYNE BLVD., SUITE 402  
AVENTURA FL 33160**

Mailing Address  
**18305 BISCAYNE BLVD  
SUITE 402  
AVENTURA FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0924106**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REGISTERED AGENTS OF FLORIDA LLC  
100 SE SECOND ST  
SUITE 3500  
MIAMI FL 33131**

Name  
**Registered Agents of Florida, LLC**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 Southeast 2nd Street**  
**Suite 2900**  
City  
**Miami** FL Zip Code  
**33131**

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 Charles J. Rennert **Charles J. Rennert, V.P.** DATE **4/23/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GABRIELLA HALE  
18305 BISCAYNE BLVD #402  
AVENTURA FL 33160** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**100017895431  
05/02/03--01053--019 \*\*50.00** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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

**4/10/03**

Date

**305-971-4959**

Daytime Phone #

CR2E083 (10/02)