

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001025

1. Entity Name

CHE PROPERTIES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business

FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD., 47TH FLOOR
MIAMI FL 33131

Mailing Address

FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD., 47TH FLOOR
MIAMI FL 33131

2. Principal Place of Business

255 Aragon Avenue

3. Mailing Address

255 Aragon Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd Floor

2nd Floor

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0853252

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33134-5008

Country

USA

Zip

33134-5008

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLSON, DEAN

FIRST UNION FINANCIAL CENTER

200 SOUTH BISCAYNE BLVD., 47TH FLOOR

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

255 Aragon Avenue 2nd Floor

City

Coral Gables

FL

Zip Code

33134-5008

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

09/19/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME COLSON, DEAN
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., 47TH FLOOR
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Manager ☒ Change ☐ Addition
NAME Colson, Dean
STREET ADDRESS 255 Aragon Avenue 2nd Floor
CITY-ST-ZIP Coral Gables, FL 33134-5008

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

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

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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:

Signature and Typed or Printed Name of Signing Managing Member or Manager

09/19/2000

(305) 476-7400

Date

Daytime Phone #

CR2E083 (5/00)