

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN -2 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000601292

1. Entity Name
LAMRA LIMITED, L.L.C.

Principal Place of Business Mailing Address

2. Principal Place of Business
19495 BISCAYNE BLVD
Suite, Apt. #, etc.
SUITE 705
City & State
AVENTURA FL
Zip 33180 Country USA

3. Mailing Address
19495 BISCAYNE BLVD
Suite, Apt. #, etc.
SUITE 705
City & State
AVENTURA
Zip 33180 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number
APPLIED FOR

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
~~LEON EGGOZI P.A.~~
19495 BISCAYNE BLVD
SUITE 705
AVENTURA FL 33180

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)

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVON HOLDINGS, LTD 19495 BISCAYNE BLVD, SUITE 705 AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003291327--2 -06/15/00--01068--012 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *K. C. P...* 4/28/00 305-987-2664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)