

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001425

1. Entity Name  
VENUS (MIAMI) PARTNERS I, L.L.C.

Principal Place of Business  
C/O PRODEK, INC.  
1101 BRICKELL AVE., SOUTH TOWER, #301-S  
MIAMI FL 33131

Mailing Address  
C/O PRODEK, INC.  
1101 BRICKELL AVE., SOUTH TOWER, #301-S  
MIAMI FL 33131

FILED

01 MAY 14 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
c/o Prodek, Inc.  
Suite, Apt. #, etc.  
8405 N.W. 53rd St.

3. Mailing Address  
c/o Prodek  
Suite, Apt. #, etc.  
8405 N.W. 53rd St. (Suite C102)

City & State  
Miami, FL (Suite C102)  
Zip  
33166  
Country  
USA

City & State  
Miami, FL  
Zip  
33166  
Country  
USA

4. FEI Number  
65-0857333

Applied For  
Not Applicable

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

LEWIS, HAROLD L ESQ.  
C/O HABER, LEWIS & PATHMAN, LLP  
2 SOUTH BISCAYNE BLVD., SUITE 3660  
MIAMI FL 33131

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

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 / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ELIOT HOUSE PROPERTIES, INC.  
2626 HAVERFORD ROAD  
COLUMBUS OH 43220 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Eliot House Properties, Inc.  
580 Commerce Street (Suite 400)  
Southlake, TX 76092 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500004416335-5  
-06/12/01--01072--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
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:

SIGNATURE REQUIRED

5/8/01 6PM 415 7499

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

0000065 AF

CR2E083 (11/00)