2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800001900 1. Entity Name 136 COLLINS AVENUE, L.C.							FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address 136 COLLINS AVE. 136 COLLINS AVE. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-7233							FEB 14 PH 2:		86 (17 88)) 1 83)	
)					1-Ln - 7-11					
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, A			Suite, Apt. #, 6	uite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number 65-0885056 Applied For Not Applicable				
Zip Country		Zip	Zip Count		5. Certifi	cate of Status Desired	\$5.00 Add	ditional		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
LEVINE, ALAN W 1110 BRICKELL AVENUE, 7TH FLOOR MIAMI FL 33131					Name Street Address (P.O. Box Number is Not Acceptable)					
			·		City		wheth is the Otata of Florid	FL Zip Cod	e	
8. The above	named entit	y submits this statement f	or the purpose of cha	anging its registe	erea office or registe	erea agent, o	r both, in the State of Florid	a.		
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if applicable	(NOTE: Registe	ered Agent signature require	ed when reinstatin	9)	DATE		
					FEE IS \$50.00 to Department					
9.	MGR	MANAGING MEME		10). TLE		ADDITIONS/CH	HANGES Change	Addition	6
YITLE MAME STREET ADDRESS CITY-ST-ZIP	JONES, ROMAN 1110 BRICKELL AVE., 7TH FLOOR				IME REET ADDRESS TY-ST-ZIP	~~\	L2123100)		CR2E083 (9/99)
TITLE NAME STREET AUDRESS CITY-ST-ZIP			De	RA St	TLE IME REET ADDRESS TY-ST-ZIP		6000031 -02/28/0 ******50	43 59% 0001009 0.00 *****	Addijo n 003 50.00	5
TITLE HAME STREET ADDRESS GITY- ST- ZIP			De	NA St	TLE IME TREET ADDRESS TY-ST-ZIP			☐ Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP			□ De	NA St	TLE IME REET ADDRESS TY-ST-ZIP			☐ Changa	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NA , ST	TLE IME REET ADDRESS TY-ST-ZIP			☐ Change	Addition	
TITLE* NAME STREET ADDRESS CITY-ST-ZIP	,	(NA St Cit	TLE IME REET ADDRESS TY-ST-ZIP			☐ Change	Addition	
indicated	on this repor	e information supplied wit t is true and accuratelant ny or the receiver or truste	ti lt ha t/m// lsignature sl	hall have the san	ne legal effect as if	made under	7(3)(i), Florida Statutes. I fu oath; that I am a managing ida Statutes.	rther certify that the in g member or manage	nformation or of the	
SIGNAT	URE: _	SIGULATION SIGNATURE AND TYPED OR PR	TÜRE RE				10/2000 Date	(305)604 - :	3823	ļ