

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90154 004 ****50.00

DOCUMENT # L 98000002004

1. Entity Name

16590 DEVELOPERS L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

165 E. FLAGLER ST.

Suite, Apt. #, etc.

SUITE 1033

City & State

MIAMI FL.

Zip

33131

Country

U.S.A

3. Mailing Address

20281 E. Country Club Dr.

Suite, Apt. #, etc.

PH8

City & State

AVENTURA FL

Zip

33180

Country

U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0872880

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

THORREL BAISDEN P.A.

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

ONE S.E. 3RD AVE.

Suite 2400

City

MIAMI

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR
WITZNER FRIDA
169 E. FLAGLER ST. #1033
MIAMI, FL 33131

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR
WAGENBERG REBECA
169 E. FLAGLER ST. #1033
MIAMI, FL 33131

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR
AVINAMI ITAMAR
169 E. FLAGLER ST #1033
MIAMI, FL 33131

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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: *Rebecca Wagenberg*

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

04-10-02

Date

3059330739

Daytime Phone #

CF2E083B (12/01)