

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90021 035 \*\*\*\*50.00

**DOCUMENT # L99000000113**

1. Entity Name

**BUSSEL ASSET MANAGEMENT L.L.C.**



Principal Place of Business

**NINE ISLAND AVENUE, APARTMENT 501  
MIAMI BEACH FL 33139**

Mailing Address

**NINE ISLAND AVENUE, APARTMENT 501  
MIAMI BEACH FL 33139**

2. Principal Place of Business

**801 BRICKELL AVE.**

Suite, Apt. #, etc.

**2350**

City & State

**MIAMI FL**

Zip

**33131**

Country

**USA**

3. Mailing Address

**801 BRICKELL AVE.**

Suite, Apt. #, etc.

**2350**

City & State

**MIAMI FL**

Zip

**33131**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0885368**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BUSSEL, JOHN M  
NINE ISLAND AVENUE, APARTMENT 501  
MIAMI BEACH FL 33139**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
NAME **BUSSEL, JOHN**  
STREET ADDRESS **801 BRICKELL AVE, #2350**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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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:

**JOHN M. BUSSEL**

**April 7, 2003 3053585941**

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

Date

Daytime Phone #

CR2E083 (10/02)