

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99.000000332

1. Entity Name

HOLLY WILLIAMSON INVESTMENTS #10, LLC

FILED

01 APR 23 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
c/o-2-South-Biscayne-Boulevard c/o-2-South-Biscayne-Blvd.
Suite-3400 --Suite-3400
Miami, FL-33131 --Miami, FL-33131

2. Principal Place of Business 3. Mailing Address
2210 S.W. 28th Street 2210 S.W. 28th Street

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, Florida Miami, Florida

Zip Country Zip Country
33133 U.S.A. 33133 U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0913045 Applied For
Not Applicable

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

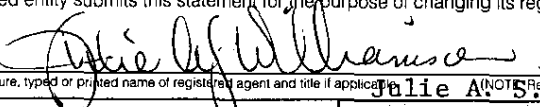
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALDES-FAULI-CORPORATE-SERVICES, INC.
2-SOUTH-BISCAYNE-BOULEVARD, SUITE-3400
MIAMI, FLORIDA-33131

Name Julie A.S. Williamson, Esq.
Street Address (P.O. Box Number is Not Acceptable)
c/o Akerman, Senterfitt & Eidson, P.A.
One S.E. Third Avenue, 28th Floor
City Miami FL Zip Code 33131

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  04/18/01
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

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

300004138303--2
-05/07/01--01041--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME HOLLY, WILLIAM
STREET ADDRESS 1931 So. Bayshore Drive
CITY-ST-ZIP Coconut Grove, FL 33133

TITLE MGR ☒ Change ☐ Addition
NAME HOLLY, WILLIAM
STREET ADDRESS 6466 S.W. 84th Street
CITY-ST-ZIP Miami, Florida 33143

TITLE MGR ☐ Delete
NAME WILLIAMSON, JEFFREY
STREET ADDRESS 2210 S.W. 28TH STREET
CITY-ST-ZIP COCONUT GROVE, FLORIDA 33133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:  Jeffrey B. Williamson 04/18/01 (786) 425-1737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Mgr. Date Daytime Phone #

CR2E083 (11/00)