

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000000403  
**1. Entity Name**  
 N.W. FIFTH AVE. L.L.C.

**FILED** *WLG/1*  
 00 JUN -1 PM 1:22  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**Principal Place of Business**      **Mailing Address**  
 888 SOUTHEAST THIRD AVENUE, SUITE 501      888 SOUTHEAST THIRD AVENUE, SUITE 501  
 FORT LAUDERDALE FL 33316      FORT LAUDERDALE FL 33316-1159



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**4. FEI Number**  
 65-0880459      Applied For  
 Not Applicable  
**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 FORMAN, M. AUSTIN  
 888 SOUTHEAST THIRD AVENUE, SUITE 501  
 FORT LAUDERDALE FL 33316

**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.**

**SIGNATURE** \_\_\_\_\_ (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**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP	<b>MGR</b> FORMAN, M. AUSTIN 888 SOUTHEAST THIRD AVENUE, SUITE 501 FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	000003283380--8 -06/09/00--01094--018 *****50.00 *****50.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*      **SIGNATURE** *[Signature]*      **DATE** 5/1/00      **Daytime Phone #** (954) 581-1220

CR2E083 (9/99)