

2001 UNIFORM BUSINESS REPORT (UBR)

0012371 AF

DOCUMENT # L99000000403

FILED

01 MAY -1 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
N.W. FIFTH AVE. L.L.C.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0880459		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
FORMAN, M. AUSTIN 888 SOUTHEAST THIRD AVENUE, SUITE 501 FORT LAUDERDALE FL 33316				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 _____ (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 Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORMAN, M. AUSTIN		NAME		
STREET ADDRESS	888 SOUTHEAST THIRD AVENUE, SUITE 501		STREET ADDRESS	100004275371--4	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST-ZIP	-05/21/01--01204--011	
TITLE		<input type="checkbox"/> Delete	TITLE	*****50.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 of the same, as required by Chapter 608, Florida Statutes.

SIGNATURE: for: [Signature] **Berger Realty Corp. as a [Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
 Date: 4/30/01 Daytime Phone #: 954-742-3010

CR2E083 (11/00)