

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000000652

FILED  
Apr 23, 2002 8:00 AM  
Secretary of State

Entity Name: SANTIVA PROPERTIES, L.L.C.

## Current Principal Place of Business:

1000 BRICKELL AVENUE, SUITE 920  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

1000 BRICKELL AVENUE, SUITE 920  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 65-0891529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PERRONE, STEPHEN L  
CONNELL PERRONE CAPITAL GROUP  
1000 BRICKELL AVENUE, SUITE 900  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

PERRONE, STEPHEN L  
SANTIVA PROPERTIES, LLC  
1000 BRICKELL AVENUE, SUITE 920  
MIAMI, FL 33131 US

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: STEPHEN L. PERRONE

04/23/2002

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: PERRONE, STEPHEN L  
Address: 1000 BRICKELL AVENUE, SUITE 920  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: AVANT REIK, JACQUELINE  
Address: 44 SHAW LANE  
City-St-Zip: FT THOMAS, KY 41075

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEPHEN L. PERRONE

MGR

04/23/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date