

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0017407  
SP

DOCUMENT # L99000001042

1. Entity Name  
PABLO BEACH PROPERTIES, L.L.C.

00 APR 17 PM 4: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
512 WASHINGTON STREET  
ORLANDO FL 32801

Mailing Address  
512 WASHINGTON STREET  
ORLANDO FL 32801



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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

MNM

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3565107  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
TOOMEY, RICHARD J  
512 WASHINGTON STREET  
ORLANDO FL 32801

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 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  
TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
LINKS AT PABLO BEACH, L.L.C.  
512 WASHINGTON STREET  
ORLANDO FL 32801  
MGRM  
PAMI PABLE BEACH, INC.  
3 WORLD FINANCIAL CENTER, 12TH FLOOR  
NEW YORK NY 10285

10. ADDITIONS/CHANGES  
TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
9000003236489--6  
-05/03/00--01031--002  
\*\*\*100.00 \*\*\*50.00  
Change 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 REQUIRED J. Toomey 4/3/00 (407)650-0593  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)