

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000001055

FILED
Apr 08, 2003
Secretary of State

Entity Name: ARCHABELLE PROPERTIES L.C.

Current Principal Place of Business:

848 BRICKELL KEY DRIVE
SUITE 4405
MIAMI, FL 33131

New Principal Place of Business:

848 BRICKELL KEY DRIVE
SUITE 4405
MIAMI, FL 33131 US

Current Mailing Address:

848 BRICKELL KEY DRIVE
SUITE 4405
MIAMI, FL 33131

New Mailing Address:

848 BRICKELL KEY DRIVE
SUITE 4405
MIAMI, FL 33131 US

FEI Number: 65-0923641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARAM, SIMON
848 BRICKELL KEY DRIVE
SUITE 4405
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: KARAM, SIMON
Address: 848 BRICKELL KEY DRIVE SUITE 4405
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: KARAM, ANTOINE
Address: 848 BRICKELL KEY DRIVE SUITE 4405
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KARAM, SIMON
Address: 848 BRICKELL KEY DRIVE SUITE 4405
City-St-Zip: MIAMI, FL 33131 US

Title: MGR (X) Change () Addition
Name: KARAM, ANTOINE
Address: 848 BRICKELL KEY DRIVE SUITE 4405
City-St-Zip: MIAMI, FL 33131 US

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: SIMON KARAM

MGR

04/08/2003

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