

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90181 036 \*\*\*\*50.00

**DOCUMENT # L99000001187**

1. Entity Name

**THE COCONUT CONDOS OF SOUTH BEACH, L.C.**

Principal Place of Business

**1551 LENOX, #2**  
**MIAMI BEACH FL 33146**

Mailing Address

**1551 LENOX, #2**  
**MIAMI BEACH FL 33146****924464**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1500 Michigan Ave**

3. Mailing Address

**1500 Michigan Ave**

Suite, Apt., etc.

**Unit 6**

Suite, Apt., etc.

**Unit 6**City & State  
**Miami Beach, FLA**City & State  
**Miami Bch, FLA.**4. FEI Number **65-0913202**

Applied For

Not Applicable

Zip

Country  
**USA**

Zip

Country  
**USA**5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required**6. Name and Address of Current Registered Agent****BROWN, GARY L**  
**4000 HOLLYWOOD BLVD.**  
**#265-S**  
**HOLLYWOOD FL 33021****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**  
**Due By May 1, 2002****9. MANAGING MEMBERS / MANAGERS**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**GREENWALD, ANDREA**  
**1551 LENOX, #2**  
**MIAMI BEACH FL 33146** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete**10. ADDITIONS / CHANGES**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**1500 Michigan Ave. #6**  
**Miami Beach, FLA. 33139**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:** *Andrea Greenwald* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/4/02**

Daytime Phone #

CR2E083 (9/01)