APPROVED

2000 UNIFORM BUSINESS REPORT (UBR)

L99000001990 DOCUMENT # 1. Entity Name 00 MAY 12 AM II: 05 MIAMI RIVER APARTMENTS, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 2500 S.W. 3RD AVENUE 2500 S.W. 3RD AVENUE MIAMI FL 33129-2033 **MIAMI FL 33129** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country Zip Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent SMITH, MICHAEL B Street Address (P.O. Box Number is Not Acceptable) 2500 S.W. 3RD AVENUE **MIAMI FL 33129** Zin 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES MGR TITI F ☐ Change Addition Delete SMITH, MICHAEL B 2500 S.W. 3RD AVENUE STREET ADDRESS STREET ADDRESS 100003279461--1 CITY-8T-ZIP **MIAMI FL 33129** CITY-ST-71P 06/07/00--01<u>0</u>18--023 Delete TITLE TITLE ****50.00 NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TETLE NAME STREET ADDRESS STREET ADDRESS CITY-81-ZIP CITY-8T-ZIP TITLE Addition [☐ Deleta MAME STREET ADDRESS STREET ADDRESS CITY- BT- ZIP CITY- ST- 7IP ☐ Change Addition TITLE C Delete STREET ADDRESS STREET ADDRESS 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF