

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90466 001 *****50.00
 05-14-2002 90466 002 *****5.00

DOCUMENT # L99000002960

1. Entity Name

PALM BEACH PARK OF COMMERCE, LLC

Principal Place of Business

**1717 NORTH BAYSHORE DRIVE, SUITE 208
 MIAMI FL 33132**

Mailing Address

**1717 NORTH BAYSHORE DRIVE, SUITE 208
 MIAMI FL 33132**

2. Principal Place of Business

150 Alhambra Circle

3. Mailing Address

150 Alhambra Circle

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

Country

33134

USA

Zip

33134

Country

USA

6. Name and Address of Current Registered Agent

**S & K PROPERTY MANAGEMENT, INC.
 1717 NORTH BAYSHORE DR., SUITE 208
 MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name

S & K Property Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)

150 Alhambra Circle

Suite 800

City

Coral Gables

FL

Zip Code

33134

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

Lidia Caetana
 Signature, typed or printed name of registered agent and title, if applicable.

Vice President

04/29/02

DATE

(NOTE: Registered Agent signature required when reinstating)

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	MGRM U.S.A. FUND MIAMI CORPORATION 1717 N. BAYSHORE DRIVE, SUITE 208 MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM U.S.A. Fund Miami Corporation 150 Alhambra Circle, Suite 800 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lidia Caetana
SIGNATURE REQUIRED

Vice President

04/29/02

(305) 476-0955

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

Date

Daytime Phone #

CR2E083 (9/01)