

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 20 AM 11:46
AMENDED

2000 UNIFORM BUSINESS
SECRETARY OF STATE
REPORT
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002992

Entity Name

LACROSSE REALTY SERVICES LLC

Principal Place of Business

701 BRICKELL AVENUE.

SUITE 3000

MIAMI, FLORIDA 33131

Mailing Address

701 BRICKELL AVENUE

SUITE 3000

MIAMI, FLORIDA 33131

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION

701 BRICKELL AVE., STE. 3000

MIAMI, FL 33131

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

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME HOFFMAN, STUART K.
STREET ADDRESS 701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR ☐ Change ☒ Addition
NAME NASH, RICHARD
STREET ADDRESS 701 BRICKELL AVE., STE. 3000
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Richard A. Nash RICHARD A. NASH

Date

5/22/00

Daytime Phone #