2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900003479 1. Entity Name MPI/MIAMI EDGEWATER, L.L.C.					1		FILED		
						OO JAN	25 PM	3: 38	
					}	SECRE	TARY OF	STATE	
Principal Place of Business Mailing Address					1	TALLAH	ASSEE. F	LORIDA	
150 EAST PALMETTO PARK ROAD, SUITE 400 150 EAST PALMETTO PARK				SUITE 400					
BOCA RATON	1 FL 33432	BOCA RATON FL 33432	-4832		}	. 1881:511 212 1210 1511 2511			18418 (61/ 188)
					}				
2. Principal F	3. Mailing Address	ng Address]	וווסה וונפי סנופו הוה ווסנופטיו	9911) 28 11) 9 2 113	88188 1810 818 11	10010 1211 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI N			<u> </u>	oplied For
Zip Country		Zip Country			1	-09282		\$5.00 Add	ot Applicable
	G. Name and Address of Course	Davidstand & and	1		<u> </u>	ficate of Status Desired		Fee Require	d .
	6. Name and Address of Current	negistered Agent		Name	/. Nam	e and Address of Nev	r registered	Agent	
AUERBACHER, STEVEN M ESQ Street					Address (P.O. Box Number is Not Acceptable)				
150 EAST PALMETTO PARK ROAD, SUITE 410 BOCA RATON FL 33432									
,	1011 2 00702		<u></u>	City			FL	Zip Cod	e
8. The above named entity submits this statement for the purpose of changing its regis				office or register	red agent	or both, in the State of		<u> </u>	
or ma about	Thermore on my booking this dealer from to	The purpose of changing in	a registered	omice of register	ed agent,	or bottly, in the state of	rionga.		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Ac	gent signature required	when reinstati	ng)	DATE		
		FILE N	OWIII FE	E IS \$50.00			*		
	•	Make Check Pa			f State				
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITION	IS/CHANGES	3	
TITLE	MGR	Deleta	TITLE	7				Change	Addition
NAME STREET ADDRESS				LCORESE					
CITY- 87- ZIP	BOCA RATON FL 33432		CITY- ST-	ZIP					
TITLE NAME	-	C Delists	TITLE Name					Cpsuge	Addition
STREET ADDRESS			STREET A						
CITY-\$T-ZIP		<u>-</u>	CITY-81-	· ZIF				Change	Addition
NAME	-	.	RAME	2 2 3	- /	ຂົດດົດດ້ອ	1176		
STREET ADDRESS CITY-ST-ZIP	,	-	CITY-ST	1		200003 10/20-	7000: 50_00	0350	
πιτιε	 	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			, NAME	DDRESS					
CITY-ST-ZIP			CITY-ST-	ZIP					
TITLE Name		Codete	TITLE					Change	Addition
STREET ADDRESS			STREET A	- I					
TITLE		☐ Delots	CITY-ST-	LIP .				☐ Changa	Addition
NAME :			NAME					, + 	
CITY-8T-ZIP			STREET A	}					
11. I hereby o	ertify that the information supplied with on this report is true and accurate and	this filing does not qualify to	r the exemp	tion stated in Se	ction 119.0	7(3)(i), Florida Statute	s. I further cer	tify that the in	iformation
limited lial	bility company or the receiver or trustee	empowered to execute this	report as rec	quired by Chapt	er 608, Flo	rida Statutes.	aging membe	a or manage	. 51 1110
CICNAT	UPE. SIGNAT	ure requi	RRID	ert Ma	odor-	alle las			
SIGNAT		TED NAME OF SIGNING MANAGING			IUU'	Date		Paytime Phone #	