

# 2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # L99000004065

1. Entity Name

HACIENDA COVE, LLC

FILED

01 JUN 28 AM @ 47

Principal Place of Business  
115 NW 167TH AVE., SUITE 300  
NORTH MIAMI BEACH FL 33169

Mailing Address  
115 NW 167TH AVE., SUITE 300  
NORTH MIAMI BEACH FL 33169

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

03-0941286

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRACY, GRANVIL M  
115 NW 167TH AVE., SUITE 300  
NORTH MIAMI BEACH FL 33169

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

800004476728--5

-07/16/01--01023--011

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM  
STREET ADDRESS American Village Development, Inc.  
CITY-ST-ZIP 115 NW 167TH AVE., SUITE 300  
NORTH MIAMI BEACH FL 33169 ☒ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Change ☒ Addition  
STREET ADDRESS Hacienda Cove Investments, LLC  
CITY-ST-ZIP 115 NW 167TH AVE., SUITE 300  
NORTH MIAMI BEACH FL 33169

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

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

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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

Saby Behar, Manager of Managing Member

6/27/01

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

Date

Daytime Phone #

CR2E083 (11/00)