

APPROVED  
AND  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_

DO NOT WRITE IN THIS SPACE

DOCUMENT #		L99000004125	
1. Entity Name			
VINTAGE NORTHEAST DEVELOPMENT L.L.C.			
Principal Place of Business		Mailing Address	
5801 BISCAYNE BLVD.		5801 BISCAYNE BLVD.	
MIAMI FL 33137		MIAMI FL 33137-2638	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0945029		Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
SHERMAN, THOMAS G ESQ 218 ALMERIA AVENUE CORAL GABLES FL 33134	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		DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	MGR POLAKOFF, STEVEN 5701 N. BAYSHORE DR. MIAMI FL 33137 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	MGR CARVER, MICHAEL 5701 N. BAYSHORE DR. MIAMI FL 33137 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800003259558--1 -05/19/00--01088--020 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 SIGNING MANAGING MEMBER OR MANAGER

Date \_\_\_\_\_

Daytime Phone #

CR2E083 (9/99)