## 2000 UNIFORM BUSINESS REPORT (UBR)

	•									
1. Entity Nam	MENT # L990 COMMUNITIES, L.L.C.			FILED IAR-7 AM 9	W;	3/21				
	<b></b>				00 H	IAR -7 AM 9	: 44			
Principal Plac 3225 AVIATION MIAMI FL 3313	n avenue. Ste 700	Mailing Address 3225 AVIATION AVENUE MIAMI FL 33133-4741	3225 AVIATION AVENUE. STE 700			SECRETARY OF STATE TALLAHASSEE FLORIDA				
	•				1					
2. Principal P	Place of Business	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State			4. FEI Number Applied For Not Applicable				
Zip Country		Zip Coul		ntry		icate of Status Desired	. ,	\$5.00 Add	litional	
	6. Name and Address of Curr	ent Registered Agent		<del></del>	7. Name	and Address of Nev	Registered		<u></u>	-
	or Marie and Addition of Conf.	one riegiotorio de vigoto		Name						1
RIEGER, RANDY E				Street Address	treet Address (P.O. Box Number is Not Acceptable)					
3225 AVIA			<u> </u>	<del>_</del>				···	1	
MIAMI FL 33133				<u> </u>				1 71 0 1		-
				City			FL	Zip Code	= 	
8. The above	named entity submits this statemen	nt for the purpose of changing i	its register	ed office or regist	ered agent, o	or both, in the State of	Florida.			
CICLUTURE	\ X									
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (No	OTE: Registere	d Agent signature requi	ed when reinstating	ng)	DATE			-
		FILE I	NOW!!!	FEE IS \$50.00	)					
		Make Check F				· 				
9.	MANAGING ME	MBERS/MEMBERS	10.			ADDITION	S/CHANGES	3		
TITLE	MGR	☐ Delete	TITL			***** Hame ***** ***** ****	~~	Change	Addition	CR2E083 (9/99)
NAME STREET ADDRESS	RIEGER, RANDY E   3225 AVIATION AVENUE, STE	700	MAM \$tru	EET ADDRESS		60000 -03/	ā/ho	35) <b>  6</b> 01108	——⅓ 004	88
CITY-8T-ZIP	MIAMI FL		CITY	-ST-ZIP		***	**55.0 <u>0</u>	米米米米	<u>55.00                                  </u>	72
TITLE		Delete	TITL					☐ Change	Addition	2
NAME STREET ADDRESS			NAM Stri	IE EET ABDRE <b>SS</b>						
CITY-ST-ZIP		-		'- 8T- ZIP						
TITLE		☐ Delete	TITL	, l				☐ Change	Addition	
NAME STREET ADDRESS			NAN Stri	IE Eet addre <b>ss</b>						
CITY-ST-ZIP				-\$1-ZIP						
TITLE		☐ Delete	TITL	E .				Change	Addition	
NAME STREET ADDRESS			MAM	EET ADORESS						
CITY- ST- ZIP				- 87 - ZIP						
TITLE		☐ Delete	TITL	E				☐ Change	Addition	1
NAME			NAM							}
STREET ADDRESS CÍTY-ST-ZIP				EET ADDRESS -ST-ZIP						
TITLE		☐ Deleta	TITL	E		<del></del>		Change	Addition	1
ÚYWE			NAM	- 1						
BTREET ADDRESS CITY-ST-ZIP		•		EET ADORESS ( '- 8T- 23P						{
	certify that the information supplied	with this filling does not qualify		· <del>-</del>	Section 119 (	)7(3)(i), Florida Statute	es. I further ce	rtify that the in	nformation	1
indicated limited lia	certify that the information supplied I on this report is true and accurate ability dompany or the receiver or true	and that my signature shall have stee empowered to execute the	re the same	e legal effect as i s required by Cha	made under opter 608, Flo	oath; that I am a ma irida Statutes.	naging memb	er or manage	r of the	