

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90691 020 ****50.00

0013128

DOCUMENT # L99000004464

1. Entity Name

RDP LINCOLN PLAZA LLC



Principal Place of Business

Mailing Address

**100 S.E. 2ND STREET, SUITE 4650
MIAMI FL 33131**

**701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

550 Biltmore Way

550 Biltmore Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 970

Suite 970

City & State

City & State

Coral Gables, FL

Coral Gables, FL

Zip

Zip

Country

Country

33134

Miami-Dade

33134

Miami-Dade

6. Name and Address of Current Registered Agent

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR**
NAME **PEEBLES, R. DONAHUE**
STREET ADDRESS **100 S.E. 2ND STREET, SUITE 4650**
CITY-ST-ZIP **MIAMI FL 33131**

☐ Delete

Suite 970

**550 Biltmore Way
Coral Gables, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

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

Date

Daytime Phone #

CR2E083 (10/02)