## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 07, 2002 8:00 am Secretary of State DOCUMENT # L9900005407 1. Entity Name 05-07-2002 90390 042 \*\*\*\*50.00 ATLANTA EXPRESSWAY LLC Principal Place of Business Mailing Address 777 BRICKELL AVE., SUITE 1200 777 BRICKELL AVE., SUITE 1200 MIAMI\_FL\_33131\_ MIAMI.FL 33131 .... 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0957234 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVENSHON, IRA M Street Address (P.O. Box Number is Not Acceptable) 777 BRICKELL AVE., SUITE 1200 MIAMI FL 33131 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE Delete TITLE Change Addition NAME LEWIN, NATHAN NAME STREET ADDRESS **WURZER STRABE 17** STREET ADDRESS CITY-ST-ZIP 80539 MUNCHEN, GERMANY CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ■ Addition LEVENSHON, IRA M NAME NAME STREET ADDRESS 777 BRICKELL AVE., SUITE 1200 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 cath; that I am a managing member or manager of the limited liability company or the receiver or fluetee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE** 

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Daytime Phone #

☐ Change

☐ Addition

CR2E083 (9/01