

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90033 026 \*\*\*\*50.00

**DOCUMENT # L99000006184**

1. Entity Name  
**7300 INVESTMENTS, L.L.C.**



Principal Place of Business

**4960 SW 72 AVE., SUITE 400  
MIAMI FL 33155**

Mailing Address

**4960 SW 72 AVE., SUITE 400  
MIAMI FL 33155**

2. Principal Place of Business

**1501 SUNSET DRIVE**

Suite, Apt. #, etc.

**2ND FLOOR**

City & State

**CORAL GABLES FL**

Zip

**33143**

Country

**USA**

3. Mailing Address

**1501 SUNSET DRIVE**

Suite, Apt. #, etc.

**2ND FLOOR**

City & State

**CORAL GABLES FL**

Zip

**33143**

Country

**USA**

**20023425**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0642508**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATTAWAY, L. RICHARD**

**4960 SW 72 AVE., #400**

**MIAMI FL 33155**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1501 SUNSET DRIVE,**

**2ND FLOOR**

City

**CORAL GABLES**

FL

Zip Code

**33143**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

**L. RICHARD MATTAWAY**  
(NOTE: Registered Agent signature required when reinstating)

DATE

**1/30/03**

**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** ☐ Delete  
NAME **WESTWAY LIMITED, A FLORIDA LIMITED PARTNER**  
STREET ADDRESS **4960 SW 72 AVE., #400**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☒ Change ☐ Addition  
NAME **1501 SUNSET DRIVE, 2ND FLOOR**  
STREET ADDRESS **CORAL GABLES, FL 33143**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

*[Signature]* **RICHARD MATTAWAY** **1/30/03** **305/6621421**

CR2E083 (10/02)