

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 27 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L99000006200**

1. Entity Name  
EIGHTH AVENUE ASSOCIATES, L.C.

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Principal Place of Business      Mailing Address

20803 BISCAYNE BOULEVARD, SUITE 200      20803 BISCAYNE BOULEVARD, SUITE 200  
AVENTURA FL 33180      AVENTURA FL 33180-1429

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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

MUM

4. FEI Number      Applied For  
65-095-5815      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEDZOW, MICHAEL ESQ.  
20803 BISCAYNE BOULEVARD, SUITE 200  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
MGRM BEDZOW, MICHAEL	20803 BISCAYNE BOULEVARD, SUITE 200 AVENTURA FL 33180		
		MGRM LEPINE, RENE	716 SE 1ST STREET FT LAUDERDALE FL 33301
		MGRM LEPINE, NORMAND	716 SE 1ST STREET FT LAUDERDALE FL 33301
			200003249552-3 -05/11/00--01126--009 *****50.00 *****50.00

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: RENE LE PINE      4-20-00      954-524-8488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E033 (9/99)