## 2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNI	FORM BUSI	NESS REPO	PRT (UBR)	APPROVEL	
DOCU	MENT	# L99000	0006423	7 , . · · ·	AND FILED	
		SYSTEMS SALES	AND MARKETING,	πc	00 APR 18 PM 12: 39	
Principal Plac	e of Busines		Mailing Address		SECRETARY OF STATE FALLAHASSEE, FLORIDA	
5 N.E 40TH STREET - SECOND FLOOR NAMI FL 33137			35 N.E 40TH STREET - SECOND FLOOR MIAMI FL 33137-3509		A Company of the Comp	
<u> </u>	eden a man	3				
. Principal P	lace of Busin	ness	3. Mailing Address		AND THE PARTY OF T	· ••••
Suite, Apt. #, etc.			Suite, Apt. #, etc.		M/VM DO NOT WRITE IN THIS SPACE	
City & State			City & State		4. FEI Number Applied	d For
Zip		Country	Zip	Country	5. Certificate of Status Desired S5.00 Addition Fee Required	<del></del>
	6. Name	and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent	
ARAMA, MICHAEL D 35 N.E 40TH STREET - SUITE 105 MIAMI FL 33137					ss (P.O. Box Number is Not Acceptable)	
MIAMI FL				City	Zip Code	
				City	FL Zip Code	
	named entity	y submits this statement for t	the purpose of changing it:		Stered agent, or both, in the State of Florida.	
The above	_	y submits this statement for t			stered agent, or both, in the State of Florida.	
The above	_		d title if applicable. (NO	s registered office or regis	stered agent, or both, in the State of Florida.  Uired when reinstating)  DATE	
The above	_		d title if applicable. (NO FILE N Make Check Pa	s registered office or regis TE: Registered Agent signature requirements  OW!!! FEE IS \$50.0	stered agent, or both, in the State of Florida.  Uired when reinstating)  DATE	
The above GNATURE .  THE IME REET ADDRESS	Signature, typed  MGRM WILSHIRE 1201 BRIC	MANAGING MEMBER PARTNERS, LLC CKELL AVENUE, SUITE 2	d title if applicable. (NO  FILE N  Make Check Pa  RS/MEMBERS  Delete	S registered office or regis TE: Registered Agent signature regis IOW!!! FEE IS \$50.0 ayable to Department 10. TITLE NAME STREET ADDRESS	stered agent, or both, in the State of Florida.  DATE  DO  ADDITIONS/CHANGES	] Additio
The above	MGRM WILSHIRE 1201 BRIO MIAMI FL	MANAGING MEMBER PARTNERS, LLC CKELL AVENUE, SUITE 2 33131	d title if applicable. (NO FILE N Make Check Pi	S registered office or regis  TE: Registered Agent signature requirement  FEE IS \$50.0  ayable to Department  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	stered agent, or both, in the State of Florida.  Uired when reinstating)  DATE  ADDITIONS/CHANGES  Change	<b>∃ Adjit</b> te
The above GNATURE .  TLE AME REET ADDRESS TY-ST-ZIP TLE AME REET ADDRESS	MGRM WILSHIRE 1201 BRIC MIAMI FL MGRM AK HOLDI 420 LINCO	MANAGING MEMBER PARTNERS, LLC CKELL AVENUE, SUITE 2 33131 NG, INC. DLN ROAD, SUITE 448	FILE N Make Check Pa	S registered office or regis TE: Registered Agent signature requirement  IOW!!! FEE IS \$50.0  ayable to Department  10.  TITLE  NAME  STRIFT ADDRESS  CITY-ST-ZIP	stered agent, or both, in the State of Florida.  Uired when reinstating)  DATE  ADDITIONS/CHANGES  Change	- Adjibo
The above GNATURE  GNATURE  TLE  ME  REET ADDRESS  Y-ST-ZIP  TLE  ME  REFT ADDRESS  TY-ST-ZIP  TLE  ME  ME  ME  ME  ME  ME  ME  ME  ME	MGRM WILSHIRE 1201 BRIC MIAMI FL MGRM AK HOLDI 420 LINCO	MANAGING MEMBER PARTNERS, LLC CKELL AVENUE, SUITE 2 33131 NG, INC.	FILE N Make Check Pa	S registered office or regis  TE: Registered Agent signature requirements  TOW!!! FEE IS \$50.0  ayable to Department  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	stered agent, or both, in the State of Florida.  DATE  DO  ADDITIONS/CHANGES  Change  2000323570ag  -05/03/0001155013	<b>3</b> 00
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER