

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008762 AF

DOCUMENT # L99000006879

1. Entity Name  
SADDLEBAGS, LC

FILED

01 APR -4 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
~~200 SOUTH BISCAYNE BLVD., SUITE 1050~~  
FIRST UNION FINANCIAL CENTER  
~~MIAMI FL 33131-2394~~

Mailing Address  
~~200 SOUTH BISCAYNE BLVD., SUITE 1050~~  
FIRST UNION FINANCIAL CENTER  
~~MIAMI FL 33131-2394~~

2. Principal Place of Business  
1623 Collins Ave  
Suite, Apt. #, etc. #909

3. Mailing Address  
1623 Collins Ave  
Suite, Apt. #, etc. #909

DO NOT WRITE IN THIS SPACE

City & State  
Miami Beach FL

City & State  
Miami Beach FL

4. FEI Number 65-0960242 Applied For  
Not Applicable

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

Zip Country 33139 DADE Zip Country 33139 DADE

6. Name and Address of Current Registered Agent  
BENNETT, JOSH N 511 NE 3rd Ave  
200 SOUTH BISCAYNE BLVD., SUITE 1050 2nd floor  
FIRST UNION FINANCIAL CENTER Fort Lauderdale  
MIAMI FL 33131-2394 FL 33301

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  
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 Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALM WAVES TRUST <del>200 SOUTH BISCAYNE BLVD., SUITE 1050</del> MIAMI FL 33131-2394 Same as above	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUE SKY TRUST <del>200 SOUTH BISCAYNE BLVD., SUITE 1050</del> MIAMI FL 33131-2394 Same as above	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004008788-6 -04/13/01--01093--014 ****488.75 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Virginia Dominguez March 25/2001 305 534-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)