

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90029 045 \*\*\*\*\*50.00

**DOCUMENT # L99000007115**

1. Entity Name

**LIBBY APARTMENTS, L.C.**

Principal Place of Business

**1026 PENNSYLVANIA AVE.  
 MIAMI BEACH FL 33139**

Mailing Address

**975 ARTHUR GODFREY RD.  
 SUITE 209  
 MIAMI BEACH FL 33140**

2. Principal Place of Business

3. Mailing Address

**167 N.W. 25 ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI**

**FL**

Zip

Country

Zip

Country

**33127**

**USA**

4. FEI Number

**65-0955552**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LOMBARDI, DAVID  
 975 ARTHUR GODFREY RD., SUITE 209  
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name

**DAVID LOMBARDI**

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

**167 N.W. 25 ST**

City

**MIAMI**

**FL**

Zip Code

**33127**

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

**DAVID LOMBARDI**

**1/25/02**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 GOLDSTEIN, MICHAEL B  
 2121 PONCE DE LEON BOULEVARD, SUITE 1100  
 CORAL GABLES FL 33134**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 GOLDSTEIN, IRMA  
 2121 PONCE DE LEON BOULEVARD, SUITE 1100  
 CORAL GABLES FL 33134**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 HORWITZ, SANFORD B  
 2121 PONCE DE LEON BOULEVARD, SUITE 1100  
 CORAL GABLES FL 33134**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 HORWITZ, JANET L  
 2121 PONCE DE LEON BOULEVARD, SUITE 1100  
 CORAL GABLES FL 33134**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 LOMBARDI, DAVID L  
 975 ARTHUR GODFREY ROAD  
 MIAMI BEACH FL 33140**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 LOMBARDI, SHARI B  
 975 ARTHUR GODFREY ROAD  
 MIAMI BEACH FL 33140**

☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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 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 REQUIRED**

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

Date

Daytime Phone #

**1/25/02 (305) 695-1600**

CR2E083 (9/01)

003 005