

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L99000008016**

1. Entity Name  
**GRAND VENETIAN REALTY, LLC**

Principal Place of Business <b>1410 SUNSET HARBOUR DRIVE, SUITE 218 MIAMI BEACH FL 33139</b>	Mailing Address <b>1410 SUNSET HARBOUR DRIVE, SUITE 218 MIAMI BEACH FL 33139</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**  
01 SEP 14 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1019751</b>	<b>APPLIED FOR</b>	Applied For
5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable

**\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PHILIPS, DAVID ESQUIRE  
940 LINCOLN ROAD, SUITE 319  
MIAMI BEACH FL 33139**

**7. Name and Address of New Registered Agent**

Name **Philip David**  
Street Address (P.O. Box Number is Not Acceptable)  
**757 Washington Avenue**  
City **MIAMI BEACH** FL Zip Code **33139**

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 Philips* DATE **08/10/01**  
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  
Due By September 26, 2001

**300004609683--7**  
**-09/25/01--01011--018**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LERNER, VICTOR A 1410 SUNSET HARBOUR DRIVE, SUITE 218 MIAMI BEACH FL 33139</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Victor A Lerner* **SIGNATURE REQUIRED**

**6/26/01 305-933-1999**

STAPLE CHECK HERE

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CR2E083 (5/01)