## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L99000008734 1. Entity Name SECRETARY OF STATE OTHER PARTNER GABLES, L.L.C. DIVISION OF CORPORATIONS 00 OCT -2 AMII: 02 Principal Place of Business Mailing Address 10 EDGEWATER DR. 10 EDGEWATER DR. CORAL GABLES FL 33133 **CORAL GABLES FL 33133** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.-=Suite; Apt-#; etc:=>= DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FIELDSTONE, RONALD ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD., #2100 **MIAMI FL 33131** 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, 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MEGGED / MOLIN TITLE ☐ Change ☐ Addition TITL F Delete NAME NAME STREET ADDRESS STREET ADDRESS 33/33 CITY-ST-ZIP CITY-ST-71P <u>5000034</u>14335 TITLE \*\*\*\*\*50.00 \*\*\*\*\*50.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete MARAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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 typice empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGMATURE KECUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGING MEMBER OR MANAGER

9/12/02

305-740-9111

Daytime Phone #