

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009228

1. Entity Name

DPZ COMMUNITIES, L.L.C.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1023 SW 25TH AVENUE

3. Mailing Address

1023 SW 25TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33135

Country

USA

Zip

33135

Country

USA

MINM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0989218

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

R. MATTHEW SHANNON

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

1023 SW 25TH AVENUE

City

MIAMI

FL

Zip Code

33135

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 R. Matthew Shannon

R. MATTHEW SHANNON, MANAGING MEMBER 4-10-00

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

MANAGING MEMBER

R. MATTHEW SHANNON

1023 SW 25TH AVENUE

MIAMI, FL 33135

TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☒ Addition

MEMBER

ANDRES M. DUANY

1023 SW 25TH AVENUE

MIAMI, FL 33135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☒ Addition

MEMBER

ELIZABETH PLATER-ZYBERK

1023 SW 25TH AVENUE

MIAMI, FL 33135

TITLE
NAME
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☐ Delete

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☐ Change ☐ Addition

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3000003238049-116

-05/03/00--0121-016

*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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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: R. Matthew Shannon

R. MATTHEW SHANNON 4-10-00 305-644-1023

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

Date

Daytime Phone #

CR2E083 (11/99)