

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90025 043 ****50.00

DOCUMENT # M00000000037

1. Entity Name
2525 E. HILLSBOROUGH AVENUE, LLC



Principal Place of Business
**30 BROAD STREET 31ST FLOOR
C/O URBANAMERICAN, L.P.
NEW YORK NY 10004**

Mailing Address
**30 BROAD STREET 31ST FLOOR
C/O URBANAMERICAN, L.P.
NEW YORK NY 10004**

20024157



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-4093245**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SABATELLO, MICHAEL J ESQ.
777 S. FLAGLER DR., SUITE 300E
WEST PALM BEACH FL 33401**

Name **L WASHINGTON**
Street Address (P.O. Box Number is Not Acceptable)
**C/O HOLLAND & KNIGHT
701 Brickell Ave Ste 3000**
City **MIAMI** FL **33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

02/03/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **2525 E. HILLSBOROUGH AVENUE MM LLC**
STREET ADDRESS **30 BROAD STREET 31ST FLOOR**
CITY-ST-ZIP **NEW YORK NY 10004**

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083 (10/02)