

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 FEB -7 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001538



1. Entity Name
1864 17TH STREET, SARASOTA, FLORIDA, LLC

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

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 13-4129488
Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
L WASHINGTON C/O Holland & KNIGHT
Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVENUE
Suite 3000
City MIAMI FL Zip Code 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 *Same as*

(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	1864 17TH STREET SARASOTA FLORIDA MM, LLC	30 BROAD STREET, 31ST FLOOR	NEW YORK NY 10004	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	200011979772	02/07/03--01037--020	**50.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* SIGNATURE REQUIRED *[Signature]* DATE: 2/2/03 TIME: 2:12:00

CR2E083 (10/02)