

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90587 011 *****50.00

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DOCUMENT # M97000000812

1. Entity Name

67TH STREET ASSOCIATES, L.L.C.



Principal Place of Business

**1755-D LYNNFIELD ROAD, SUITE 142
MEMPHIS TN 38119**

Mailing Address

**1755-D LYNNFIELD ROAD, SUITE 142
MEMPHIS TN 38119**

2. Principal Place of Business

6701 Collins Avenue
Suite, Apt. #, etc.

3. Mailing Address

6701 Collins Avenue
Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33141

Country

USA

Zip

33141

Country

USA

4. FEI Number

62-1719131

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **DAVIDSON INVESTMENT GROUP XI, LLC**
STREET ADDRESS **1755-D LYNNFIELD ROAD, SUITE 142**
CITY-ST-ZIP **MEMPHIS TN 38119**

TITLE **MGRM** ☐ Delete
NAME **THE PRUDENTIAL INSURANCE COMPANY OF AMERIC**
STREET ADDRESS **8 CAMPUS DRIVE, ARBOR CIRCLE SOUTH**
CITY-ST-ZIP **PARSIPPANY-NJ-07054**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☒ Addition
NAME **THC of Miami Beach, LLC**
STREET ADDRESS **6701 Collins Avenue**
CITY-ST-ZIP **Miami Beach FL 33141**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)