| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9800000647 1750 UNIVERSITY -Ir.C. LLC -5730 - S.W. 85TH -STREET S. MIAMI FL 33143 | | | | 99 APR -7 AM 9: 01 Short Wat to apace TALL AHASSEE, FLORIDA 1a. Principal Place of Business Address 5730 S.W. 85TH STREET S. MIAMI FL 33143 | | | | | | | | | | | |
|---|-----------------------|---------------------------|---|--|------------------------------------|------------------------------------|---|--|------------------|----------------|--------------------|--|---------------|-------------------|-------------|
| | | | | | | | | Suite, Apt. #, etc. Suite, Ap 5703 SW 85 STREET 570. City & State City & State | | 3 SW 85 STATET | | 3. Date Organized 06/19/19 4. FEI Number 65-0844 APPLIED | 998 366 | 3a. State | Applied For |
| | | | | | | | | So. M/Am FL 33/ Zip Country 33/43 VSA 7. Name and Address of Ci | 14.3 Country USA | | 5. Date of Last Ro | 9 | \$8 75 Additi | onal fee Required | |
| MATTAWAY, RICHARD L 5730 S.W. 85TH STREET S. MIAMI FL 33143 | | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. | | | | | | | | | | | | |
| Pursuant to the provisions of Sections 604 its registered office or registered agent, or both as registered agent, and accept the obligation | , in the State of Flo | | | | | | | | | | | | | | |
| SIGNATURE (Registered Agent Accepting Appaintment) (NOTE Registered Agent signature required when | | | | | VTE . | | , | | | | | | | | |
| Managing Members/Ma MGRM R-B MANAGEMENT | | | 431984 | | MIAMI | State and Zi | p Code | | | | | | | | |
| · | | | 40 | 1-14-99 | (T)(T)(T);7 -04/1 **** | 9 :34 2 6/991 197, 50 | 927 1 —— 01077—004 ****197.5 | | | | | | | | |
| 11. I do hereby certify that the information supp indicated on this annual report is true and acculimited liability company or the receiver or trus attachment with an address. SIGNATURE: | rate and that my s | ignature shall have the s | same legal effect as quired by Chapter 6 | if made under oath; t | hat I am a mana and Ihat my nai | aging memb me appears | er or manager of th in Block 10, or on a | | | | | | | | |