

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0013917

FILED

03 MAY -2 PM 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000792

1. Entity Name

ACP OFFICE I LLC



Principal Place of Business

701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

Mailing Address

701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

2. Principal Place of Business

444 Brickell Avenue

3. Mailing Address

1111 Brickell Avenue

Suite, Apt. #, etc.

Suite 900 or

Suite, Apt. #, etc.

Suite 2500

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0922159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Stuart K. Hoffman, Esq.

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

1111 Brickell Avenue, Suite 2500

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ACP SOUTH FLORIDA LLC	
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACP Office I SPE LLC	
STREET ADDRESS	444 Brickell Avenue, Suite 900	
CITY-ST-ZIP	Miami, Florida 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700017896617	
STREET ADDRESS	05/02/03--01055--016 **\$50.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(f), 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]*
By: ACP Office I LLC
By: ACP Office I SPE LLC
By: ACP South Florida LLC
By: ACP South Florida Corp.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: *[Signature]* Allen C. de Olazarra,

Date

Daytime Phone #

CR2E083 (10/02)