

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR -9 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MA9000000915
1. Entity Name
MIAMI RETAIL PARTNERS LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Millennium Partners, Corporate Compliance Suite, Apt. #, etc. 1995 Broadway City & State New York, NY Zip 10023 Country USA		3. Mailing Address c/o Millennium Partners, Corporate Compliance Suite, Apt. #, etc. 1995 Broadway City & State New York, NY Zip 10023 Country USA		4. FEI Number 13-4065242	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
City Plantation	FL	Zip Code 33324

**DO NOT WRITE
IN THIS SPACE**

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.

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

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Millennium Partners II L.P. c/o Millennium Partners 1995 Broadway New York, NY 10023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005237132 -04/11/02--01014--001 ****275.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR20083B (12/01)

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: Philip H. Lovett Philip H. Lovett, Vice President 3/31/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #