## 2000 UNIFORM BUSINESS REPORT (UBR)

| 2000 UNIFORM BUSINESS REPORT (UBR)  |                  |   |                      |   |                           |                                       |   | APPROVED  AND                          |   |                                     |                           |                |
|---|------------------|---|----------------------|---|---------------------------|---------------------------------------|---|--|---|-------------------------------------|---------------------------|----------------|
| DOCUMENT # M9900001328  |                  |   |                      |   |                           |                                       | FILED                                   |  |   |                                     |                           | 0004411 AF     |
| 1. Entity Name  LNR PARKVIEW MILLENNIUM HOLDINGS, LLC   |                  |   |                      |   |                           |                                       |   | 00 APR 26 PM 1: 42                     |   |                                     |                           |                |
|   |                  |   |                      |   |                           |                                       |   | SECRETARY OF STATE                     |   |                                     |                           |                |
| Principal Place of Business Mailing Address 760 N.W. 107TH AVENUE. SUITE 300 760 N.W. 107TH AVENUE. SU MIAMI FL 33172 MIAMI FL 33172-3157 |                  |   |                      |   |                           | 900                                   | SECRETARY OF STATE FALLAHASSEE, FLORIDA |  |   |                                     |                           |                |
|   | ,                |   |                      |   |                           |                                       |   |  |   |                                     |                           |                |
| 2. Principal Place of Business 3. Mailing Address   |                  |   |                      |   |                           |                                       |   | ###################################### | I <b>Br</b> iif B <b>b</b> ifi <b>V</b> bii | i Abibi likan (1148 )               | 11821 1811 1891           |                |
| Suite, Apt. #, etc.   |                  |   |                      | Suite, Apt. #, etc                              |                           |                                       |   | DO NOT WRITE IN THIS SPACE             |   |                                     |                           |                |
| City & State  |                  |   |                      | City & State                                    |                           |                                       |   | mber<br>9019 -                         |   | <del></del>                         | plied For<br>t Applicable | -              |
| Zip Country   |                  |   | Zi                   | Zip   |                           | itry                                  |   | cate of Status Desire                  | d 🗌   | \$5.00 Add<br>Fee Required          |                           |                |
|   | 6. Name          | and Address of Cur  | rent Registe         | ered Agent                                      |                           | Name                                  | 7. Name                                 | and Address of Ne                      | w Registered                                | d Agent                             |                           | _              |
| RUBIN, SI   | HELLY            |   |                      |   |                           |                                       | c (BO Box Nu                            | mber is Not Accepta                    |   |                                     |                           | -              |
| 760 N.W.  | 107TH AVE        | NUE, SUITE 300  |                      | Street Ad                                       |                           |                                       | S (F.O. BOX 140                         |  |   |                                     |                           | _              |
| MIAMI FL  | 33172            |   |                      |   |                           | City                                  |   |  |   | Zip Code                            |                           | _              |
|   |                  |   |                      |   |                           | City                                  |   |  | <b>F</b>                                    | <b>L</b> 2.p code                   |                           | _              |
| 3. The above  | named entit      | y submits this stateme  | nt for the pu        | rpose of changing (t                            | s registere               | ed office or regis                    | tered agent, o                          | r both, in the State of                | Fiorica.                                    |                                     |                           |                |
| SIGNATURE   | Signature, typed | or printed name of registered   | agent and title if a | applicable (NO                                  | TE. Registere             | d Agent signature requ                | ired when reinstating                   | <u> </u>                               | DATE  |                                     |                           |                |
|   |                  | · · · · · · · · · · · · · · · · · · ·   |                      | FILEN   | IOW!!!                    | FEE IS \$50.0                         | 0                                       |  |   |                                     |                           |                |
|   | • •              |   | •                    | Make Check P                                    |                           |                                       |   |  |   |                                     |                           |                |
| 9.  | Luon             | MANAGING M  | EMBERS/MI            |   | 10.                       |                                       |   | ADDITIO                                | NS/CHANG                                    |                                     | Addition                  | _ി ക           |
| TITLE<br>NAME<br>STREET ADURESS<br>CITY-8T-ZIP  |                  | ENNIUM MANAGER<br>107TH AVENUE, S<br>33172                                    |                      | ∐ Delete  |                           | 1                                     |   |  |   | ☐ Chang <del>s</del>                |                           | CR2E083 (9/99) |
| IITLE   | İ                |   |                      | ☐ Delete  | TITL                      |                                       | .,,,,                                   | ···-                                   |   | Change                              | Addition                  | 75             |
| VAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                  |   |                      |   |                           | EET ADDRESS<br>ST- ZIP                | <br>                                    | 300003<br>-05/0:                       | 2 <b>4</b> 5:                               | 3 <b>4</b> 3-<br>1098 <u>0</u> 1    | <b>-</b> □                |                |
| TITLE   |                  |   |                      | ☐ Delete  | TITL                      |                                       |   |  | <del>(50.00</del>                           |                                     | Addition                  | 1.             |
| NAME<br>BTREET ADDRESS<br>CITY-ST-ZIP   |                  | ,   |                      |   |                           | EET ADDRESS<br>- ST-ZIP               |   |  |   |                                     |                           |                |
| TITLE   |                  |   |                      | ☐ Delete  | TITL                      | E                                     |   |  | <u>-</u> -                                  | Change                              | Addition                  |                |
| NAME<br>STREET ADORESS<br>CITY-ST-ZIP   |                  |   |                      |   | \$ TRI                    | EET ADDRESS<br>- ST-ZIP               |   |  |   |                                     |                           |                |
| IITLE<br>NAK <b>Ĉ</b>   | ļ                |   |                      | Delete  | TITL                      |                                       |   |  |   | Change                              | Addition                  |                |
| TREET ADDRESS<br>CITY-ST-ZIP  |                  |   | •                    |   | STRI                      | EET ADDRESS<br>'- ST-ZIP              |   |  |   |                                     |                           |                |
| ;<br>TITLE<br>NAME  |                  |   | ,                    | ☐ Delete  | TITL                      |                                       |   |  |   | ☐ Change                            | Addition                  |                |
| NAME<br>BTREET ADDRESS<br>CITY-87-ZIP   |                  |   |                      |   | STRI                      | EET AODRESS<br>'- St-Zip              |   |  |   |                                     |                           |                |
| indicated   | l on this repo   | e information supplied<br>rt is true and accurate<br>ny or the receiver or tr | and that my          | r signature shall have<br>wered to execute this | e the same<br>s report as | e legal effect as<br>s required by Ch | if made under<br>apter 608, Flor        | oath; that I am a ma<br>ida Statutes.  | es. I further on<br>naging mem              | ertify that the in<br>ber or manage | nformation<br>r of the    |                |
|   |                  |   | r<br>                | •Arthur J.Վ.h                                   | eperme                    | mi, Mena                              | And wooun                               |  | 1 1   | _ /                                 | 1                         |                |