2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900001328 1. Entity Name LNR PARKVIEW MILLENNIUM HOLDINGS, LLC						FILED					
Principal Place of Business 760 N.W. 107TH AVENUE, SUITE 300 MIAMI FL 33172		Mailing Address 760 N.W. 107TH AVENUE SUIT MIAMI FL 33172		300	2001 APR 30 PM 1: 32 ¡DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA						
2. Principal F	Place of Business	3. Mailing Address			1	1 13818871 1	 	Diil Ba ill La il	 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPAC			SPACE			
City & State		City & State			007094 1927			oplied For]		
Zip	Country	Zip	Country		5. Cert	ificate of	Status Desired		\$5.00 Add	ditional	1
	6. Name and Address of Current	Registered Agent		Nia	7. Nam	e and Ad	dress of New F	Registered	<u> </u>	- I	_
RUBIN, SHELLY 760 N.W. 107TH AVENUE, SUITE 300 MIAMI FL 33172				Name Street Address (P.O. Box Number is Not Acceptable)						1	_ - -
				City				FL	Zip Cod	e i	-
SIGNATURE .	named entity submits this statement for Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered	Agent signature required	d when reinstat	ing)	0004: -05/30	DATE	110990		
9.	MANAGING MEMBE	RS/MEMBERS	10.				ADDITIONS	CHANGES	· · · · · · · · · · · · · · · · · · ·	1	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LNR MILLENNIUM MANAGER, INI 760 N.W. 107TH AVENUE, SUITE MIAMI FL 33172			T ADDRESS ST-ZiP	•			:	☐ Change	Addition	E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	T ADDRESS		•			☐ Change	Addition	-1Ω
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP					☐ Change	Addition	_
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP		•		1.	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	T ADDRESS .					Change	Addition	
ITLE IAME ITREET ADORESS OITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T AODRESS	;				☐ Change	☐ Addition	
1. I hereby certify that the information supplied with this filling 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. 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. 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. 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. 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. I further certified the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I further certified to the limit											
	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANAG	ER, OR AL	THORIZED REPRESEN	TATIVE		Date Date	Da	ytime Phone #		14