

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92173 024 \*\*\*\*50.00

**DOCUMENT # M99000001328**

1. Entity Name

**LNR PARKVIEW MILLENNIUM HOLDINGS, LLC**



Principal Place of Business

Mailing Address

**760 N.W. 107TH AVENUE, SUITE 300  
MIAMI FL 33172**

**760 N.W. 107TH AVENUE, SUITE 300  
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite Apt # etc.  
**1601 Washington Ave., Suite 800  
Miami Beach, FL 33139**

Suite Apt # etc.  
**1601 Washington Ave., Suite 800  
Miami Beach, FL 33139**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0941927**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUBIN, SHELLY  
760 N.W. 107TH AVENUE, SUITE 300  
MIAMI FL 33172**

Name

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

**1601 Washington Ave., Suite 800  
Miami Beach, FL 33139**

**FL**

Zip Code

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LNR MILLENNIUM MANAGER, INC.  
760 N.W. 107TH AVENUE, SUITE 300  
MIAMI FL 33172** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1601 Washington Ave., Suite 800  
Miami Beach, FL 33139** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

**By: Arthur J. Lieberman, Managing Member, For: LNR Millennium Manager, Inc**

**SIGNATURE: [Signature] NATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/28/03 305-695-5500**

Date

Daytime Phone #

CR2E083 (10/02)