

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 92173 023 *****50.00

DOCUMENT # M99000001329

1. Entity Name

LNR HERON MILLENNIUM HOLDINGS, LLC



Principal Place of Business

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

Mailing Address

**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**

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0941924**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

1601 Washington Ave., Suite 800

City 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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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)(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] SIGNATURE REQUIRED

4/8/03 305/695-5500

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

Date

Daytime Phone #

CR2E083 (10/02)