**DOCUMENT#** 

1. Entity Name

P01000115717

05-01-2003 90128 042 \*\*\*150.00

LNR REI	AIL CENTER MANAGER, IN	NC.							
Principal Place of Business 760 N.W. 107TH AVENUE SUITE 300 MIAMI FL 33176		Mailing Address 760 N.W. 107TH AVENUE SUITE 300 MIAMI FL 33176			1103095	9			
2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address						
		-			☐ CHECK HERE IF M.	AKING CH	ANGES		
601 Washington Ave., Suite 800 fiami Beach, FL 33139		1601 Washington Ave., Suite		0	4. FEI Number 04-3606684		Ар	plied For	
		Miami Beach, FL 3	33139	-		<u>Φ</u> 2	No. 7 <b>5</b> Add	ot Applicable	
			1		5. Certificate of Status Desired	Fee	Require		
	6. Name and Address of Curren	t Registered Agent	Nome		7. Name and Address of New Regist	ered Ager	ıt		
RUBIN, SI	HELLY		Name						
•					ble)				
760 N.W. 107TH AVENUE SUITE 300				1601 Washington Ave., Suite 800					
MIAMI FL	Miami	Miami Beach, FL 33139							
MIAMI TL	33170		1			FL	Zip Code	e	
	e named entity submits this statement fittins of registered agent.  Signature, typed or printed name of registered agent.		s registered Office o		ed agent, or both, in the State of Florida.	I am famil	iar with, a	and accept	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department c				Election Campaign Financin     Trust Fund Contribution.	ng 🗆		May Be I to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICER	S AND DIR	ECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, LEONARD 700 N.W. 107TH AVENUE MIAMI FL 33176	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE	D	☐ Delete	TITLE			X	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SAIONTZ, STEVEN J 760 N.W. 107TH AVENUE, SUITI MIAMI FL 33172	E 300	NAME STREET ADDRESS CITY-ST-ZIP	848 B Miam	rickell Avenue, #100 i, FL 33131	· ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, STUART A 700 N.W. 107TH AVENUE MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>C</u>			Change	Addition	
TITLE	P	☐ Delete	TITLE	PD		X	Change	Addition	
IAME	KRASNOFF, JEFFREY P		NAME	1601	Washington Assa Suita 800	• •			
STREET ADDRESS CITY-ST-ZIP	760 NW 107 AVE, STE 300 MIAMI FL 33172		STREET ADDRESS CITY-ST-ZIP		Washington Ave., Suite 800 i Beach, FL 33139				
ITLE	VP	☐ Delete	TITLE	V		X	Change	☐ Addition	
IAME	RUBIN, SHELLY		NAME	, ·	377 1 1 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	. ,			
STREET ADDRESS CITY-ST-ZIP	760 NW 107 AVE, STE 300   MIAMI FL 33172		STREET ADDRESS CITY-ST-ZIP		Washington Ave., Suite 800 in Beach, FL 33139	1	,		
TITLE	AC	☐ Delete	TITLE			X	Change	☐ Addition	
IAME	LIEBERMAN, ARTHUR J		NAME			/\	•		
STREET ADDRESS CITY-ST-ZIP	760 NW 107 AVE, STE 300 MIAMI FL 33172		STREET ADDRESS CITY-ST-ZIP		Washington Ave., Suite 800 i Beach, FL 33139		_		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TREBECATHUR Lieberman **SIGNATURE**