

2001 UNIFORM BUSINESS REPORT (UBR)

0001203 AF

DOCUMENT # Z00118
 1. Entity Name
SOUTH BEACH DESIGN, L.C.

FILED

01 APR 11 AM 8:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1604 MICHIGAN AVE UNIT NO. 1 MIAMI BEACH FL 33139	Mailing Address 1604 MICHIGAN AVE UNIT NO. 1 MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1501 Calais DR.	3. Mailing Address 1501 Calais DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Beach FL	City & State Miami Beach FL	4. FEI Number 65-0145053	Applied For <input type="checkbox"/> Not Applicable
Zip 33141-3508	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
STRATTON, DOUGLAS D.
 505 LINCOLN RD
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MACDONALD, JOHANNE 1604 MICHIGAN AVE, #1 MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M AMBROSI, JAYSON JEAN A. 1604 MICHIGAN AVE, #1 MIAMI BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MACDONALD, JOHANNE 1501 Calais Drive Miami Beach, FL 33141-3508	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M AMBROSI, JEAN ANTHONY 1501 Calais Drive Miami Beach, FL 33141-3508	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **3-28-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date
 305-864-6744
 305-864-6744 Daytime Phone

CR2E083 (11/00)