

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90114 043 ****50.00

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DOCUMENT # L02000012148

1. Entity Name
36TH STREET ASSOCIATES, LLC



Principal Place of Business 2420 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. MIAMI FL 33131	Mailing Address 2420 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. MIAMI FL 33131
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address 200 S. Biscayne Blvd. 3000 Suite, Apt. #, etc. City & State Miami FL
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CHECK HERE IF MAKING CHANGES

Zip 33131	Country US	4. FEI Number 02-0651248	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	6. Name and Address of Current Registered Agent MELAND & RUSSIN, P.A. 2420 FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD. MIAMI FL 33131	7. Name and Address of New Registered Agent Name Meland Russin Hellinger + Budwick P.A. Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd. 3000 Wachovia Financial Center City Miami FL Zip Code 33131
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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 **MARK MELANO** DATE **4/2/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 **MARK MELANO** DATE **4/2/03** (305) 358-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Date Daytime Phone #

CR2E083 (10/02)