Feb. 14, 2002

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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 29, 2002 8:00 am Secretary of State **DOCUMENT # 709663** 1. Entity Name 03-28-2002 90162 049 ****61.25 LA BONNE VIE CONDOMINIUM APARTMENTS, INC. Principal Place of Business Mailing Address 3475 S.OCEAN BLVD. 3475 S.OCEAN BLVD. PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1150749 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7._Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 3475 S OCEAN BLVD PALM BEACH FL 33480 Zin 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 9. Election Campaign Financing \$5.00 May Be Added to Fees Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition CR2E037 (9/01 MILENOVIC, ZORAN NAME NAME STREET ADDRESS 3475 SO. OCEAN BLVD. STREET ADDRESS CITY-ST-70P PALM BEACH FL 33480 CITY-ST-ZIP TITLE 🛮 Deleta TITLE ☐ Change ☐ Addition arnold, or loew NAME NAME STREET ADDRESS 3475 S DREAN BLVD STREET ADDRESS CITY_ST_ZIF PALM BEACH FL 33480: CITY. ST. 7IP TITLE TITLE ☐ Change ☐ Addition LOEW, ARNOLO DR. NAME NAME 3475 SO-OCEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE VD. **⊠**Delete TITLE Change ☐ Addition CURTIS_RUSSELL NAME NAME STREET ADDRESS 3475_S-OCEAN BLVD STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 32480 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition BENMUVHAR, EDDY NAME NAME STREET ADDRESS 3475 S OCEAN BLVD STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 accordate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if