

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 16 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000000115

1. Entity Name
ZUCKERMAN CUSTOM HOMES, L.L.C.

| | |
|--|--|
| Principal Place of Business 6351 San Michel Way Delray Bch, FL 33484 | Mailing Address 6351 San Michel Way Delray Bch, FL 33484 |
|--|--|

| | | | |
|--|--|---------|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | Country | Country |
|--|--|---------|---------|

| | |
|---|--|
| 4. FEI Number 65-0996939 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

Peter M. Hodkin
One East Broward Boulevard, Suite #1501
Fort Lauderdale, FL 33301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

| MANAGING MEMBERS/MEMBERS | 10. ADDITIONS/CHANGES |
|---------------------------------|--|
| <input type="checkbox"/> Delete | TITLE: Manager/Member NAME: Andrew Zuckerman STREET ADDRESS: 6351 San Michel Way CITY-ST-ZIP: Delray Beach, FL 33484 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | TITLE: Manager/Member NAME: David Zuckerman STREET ADDRESS: 6351 San Michel Way CITY-ST-ZIP: Delray Beach, FL 33484 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | TITLE: Manager/Member NAME: Steven Zuckerman STREET ADDRESS: 6351 San Michel Way CITY-ST-ZIP: Delray Beach, FL 33484 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | TITLE: Manager/Member NAME: Neil Dubin STREET ADDRESS: 6351 San Michel Way CITY-ST-ZIP: Delray Beach, FL 33484 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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-06/07/00--01010--003
*****50.00 *****50.00

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:  Andrew Zuckerman 4/27/00 (561) 637-9225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (1/199)