

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000000413**

1. Entity Name  
**ATLANTIC PROFESSIONAL PROPERTIES, L.L.C.**

**FILED**

**01 JAN 29 AM 11:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**271 CODRINGTON DR.  
FT. LAUDERDALE FL 33308**

Mailing Address  
**271 CODRINGTON DR.  
FT. LAUDERDALE FL 33308**

2. Principal Place of Business  
**1591 E. ATLANTIC BLVD.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 103**

Suite, Apt. #, etc.

City & State  
**Pompano Bch, FL**

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip  
**33060**

Country  
**BROWARD**

Zip

Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEINBERG, STEVEN A  
C/O FRANK, EFFMAN, WEINBERG & BLACK, P.A.  
~~8000 PETERS ROAD, SECOND FLOOR~~  
PLANTATION FL 33324**

Name  
**WEINBERG, STEVEN 96 FRANK, WEINBERG & BLACK PA**

Street Address (P.O. Box Number is Not Acceptable)  
**7805 SW 6 COURT**

City  
**Plantation**

FL Zip Code  
**33324**

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 **1/23/01**

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGING MEMBER	<b>BRETT HOWELL</b>	<b>271 CODRINGTON DRIVE</b>	<b>FORT, LAUDERDALE, FL 33308</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

DATE **1/23/01** DAYTIME PHONE # **954-593-1696**

CR2E083 (11/00)