

2001 UNIFORM BUSINESS REPORT (UBR)

0006946 AF

DOCUMENT # L00000000526
1. Entity Name
 SUNDANCE HOLDINGS, L.C.

FILED

01 APR 12 AM 8:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 1150B EAST HALLANDALE BEACH BOULEVARD 1150B EAST HALLANDALE BEACH BOULEVARD
 HALLANDALE FL 33309 HALLANDALE FL 33309



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

DO NOT WRITE IN THIS SPACE
 65-1011763
4. Fbi Number 65-1011763 Applied For
 Not Applicable
5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LEOPOLD, NORMAN ESQUIRE
 20801 BISCAYNE BOULEVARD, SUITE 501
 AVENTURA FL 33180

7. Name and Address of New Registered Agent
 Name: ROBERT LECHTER
 Street Address (P.O. Box Number is Not Acceptable):
 1150B E. Hallandale Beach Blvd.
 City: Hallandale FL Zip Code: 33009

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: [Signature] ROBERT LECHTER DATE: 4/09/01
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 Department of State

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 -04/20/01--01110--016
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PTD.	ROBERT LECHTER	1150B E. HALLANDALE BEACH BLVD	HALLANDALE FL. 33009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VSD.	CARLOS HIMMELSTEIN	1150 B. E. HALLANDALE BEACH BLVD.	HALLANDALE FL. 33009	<input type="checkbox"/>	<input checked="" 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] Robert Lechter 4/6/01 (954) 455-3660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)