

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90589 050 \*\*\*\*50.00

**DOCUMENT # L00000000526**

1. Entity Name  
**SUNDANCE HOLDINGS, L.C.**

Principal Place of Business <b>1150B EAST HALLANDALE BEACH BOULEVARD          HALLANDALE FL 33309</b>	Mailing Address <b>1150B EAST HALLANDALE BEACH BOULEVARD          HALLANDALE FL 33309</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      **65-1011763**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**LECHTER, ROBERT  
 1150B E HALLANDALE BEACH BLVD  
 HALLANDALE FL 33009**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD LECHTER, ROBERT 1150B E HALLANDALE BEACH BLVD HALLANDALE FL 33009</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD HIMMELSTEIN, CARLOS 1150B E HALLANDALE BEACH BLVD HALLANDALE FL 33009</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		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:** *Robert Lechter*      **Manager**      **4-26-02**      **(954) 455-3660**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)