

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUN -6 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001987

1. Entity Name
535 South Federal Highway LLC

Principal Place of Business Mailing Address

2. Principal Place of Business
535 South Federal Hwy

3. Mailing Address
4801 South University Dr
Suite, Apt. #, etc.
Suite 227

DO NOT WRITE IN THIS SPACE

City & State Deerfield Beach, FL
City & State Davie, FL

4. FEI Number 65-0990205
Applied For Not Applicable

Zip 33441 Country Zip 33328 Country

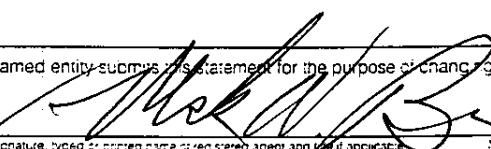
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Mark Brown
Street Address (P.O. Box Number is Not Acceptable)
4801 South University Dr
Suite 227
City Davie, FL Zip Code 33328

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  DATE 06/15/01 01095 014

Signature typed or printed name of registered agent and (if applicable) NOTE: Registered Agent signature required when reinstating

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D Mark Brown 2752 SW 132nd Way Davie, FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES/D Kevin McKenna 1061 E. Wilshire Circle Pembroke Pines, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Mark Brown H.28-01 (954)252-5551

CP 2000 3 (11/00)