

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000003953**

1. Entity Name

2096 DENNIS L.L.C.

FILED

01 JUL 11 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1325 SOUTH CONGRESS AVE. SUITE 211 BOYNTON BEACH FL 33426	Mailing Address 1325 SOUTH CONGRESS AVE. SUITE 211 BOYNTON BEACH FL 33426
---	---



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business Suite, Apt. #, etc. Suite 202	3. Mailing Address Suite, Apt. #, etc. Suite 202
City & State	City & State

4. FEI Number 05-1010571	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

**LLOYD GRANET, P.A.
1900 NW CORPORATE BLDV.
SUITE 100 WEST
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **George W. Mathews III**
Street Address (P.O. Box Number is Not Acceptable) **1325 S. Congress Ave., Suite 104**
City **Boynton Beach FL** Zip Code **33426**

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]* DATE **7/5/01**

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
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS

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 <input type="checkbox"/>	Addition <input type="checkbox"/>
Manager	William W. Wright	18 Westgate H	Boynton Beach, FL 33436	<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"/>

800004481488--9
-07/17/01--01094--005
*****50.00 *****50.00

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]* DATE: **7/5/01** DAYTIME PHONE #: **(561) 704-1560**

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

CR2E083 (5/01)

STAPLE CHECK HERE