

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000004085**

1. Entity Name
354 SOUTH BEACH ROAD, L.L.C.

FILED

01 MAY -1 PM 5:45

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**C/O GORDON O. DANSEH
 5 INDEPENDENCE WAY
 PRINCETON NJ 08540**

Mailing Address
**C/O GORDON O. DANSEH
 5 INDEPENDENCE WAY
 PRINCETON NJ 08540**



DO NOT WRITE IN THIS SPACE

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 22-3739365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 _____ (NOT: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MEMBERS	
TITLE MANAGER	<input type="checkbox"/> Delete
NAME JAMES L. JOHNSON	
STREET ADDRESS JOHNSON FAMILY OFFICE	
CITY-ST-ZIP PO BOX 86 OLDWICK, NJ 08858	
TITLE MEMBER	<input type="checkbox"/> Delete
NAME JAMES L. JOHNSON	
STREET ADDRESS JOHNSON FAMILY OFFICE	
CITY-ST-ZIP PO BOX 86 OLDWICK NJ 08858	
TITLE MEMBER	<input type="checkbox"/> Delete
NAME BRETCHEN W. JOHNSON	
STREET ADDRESS JOHNSON FAMILY OFFICE	
CITY-ST-ZIP PO BOX 86 OLDWICK, NJ 08858	
TITLE TREASURER	<input type="checkbox"/> Delete
NAME KAREN SCHLESSINGER	
STREET ADDRESS JOHNSON FAMILY OFFICE	
CITY-ST-ZIP PO BOX 86 OLDWICK NJ 08858	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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:

4/27/01

609-987-0300

CP2F083 (11/00)