

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

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 <b>MANAGER</b>	<input type="checkbox"/> Delete
NAME <b>JAMES L. JOHNSON</b>	
STREET ADDRESS <b>JOHNSON FAMILY OFFICE</b>	
CITY-ST-ZIP <b>PO BOX 86 OLDWICK, NJ 08858</b>	
TITLE <b>MEMBER</b>	<input type="checkbox"/> Delete
NAME <b>JAMES L. JOHNSON</b>	
STREET ADDRESS <b>JOHNSON FAMILY OFFICE</b>	
CITY-ST-ZIP <b>PO BOX 86 OLDWICK NJ 08858</b>	
TITLE <b>MEMBER</b>	<input type="checkbox"/> Delete
NAME <b>Bretchen W. JOHNSON</b>	
STREET ADDRESS <b>JOHNSON FAMILY OFFICE</b>	
CITY-ST-ZIP <b>PO BOX 86 OLDWICK, NJ 08858</b>	
TITLE <b>Treasurer</b>	<input type="checkbox"/> Delete
NAME <b>Karen Schlessinger</b>	
STREET ADDRESS <b>JOHNSON FAMILY OFFICE</b>	
CITY-ST-ZIP <b>PO BOX 86 OLDWICK NJ 08858</b>	
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)