

2001 UNIFORM BUSINESS REPORT (UBR)

0014701 AF

DOCUMENT # L00000004811

1. Entity Name
447 PRIMAVERA WAY, L.C.

Principal Place of Business
**980 NORTH FEDERAL HIGHWAY, SUITE 410
BOCA RATON FL 33432**

Mailing Address
**980 NORTH FEDERAL HIGHWAY, SUITE 410
BOCA RATON FL 33432**

2. Principal Place of Business
**MURDOCH, RICHARD A
700 S. FEDERAL HWY, SUITE 200
BOCA RATON, FL 33432**

3. Mailing Address
**MURDOCH, RICHARD A
700 S. FEDERAL HWY, SUITE 200
BOCA RATON, FL 33432**

FILED

01 FEB 26 AM 8:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MURDOCH, RICHARD A
700 S. FEDERAL HWY, SUITE 200
BOCA RATON, FL 33432**

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete MURDOCH, RICHARD A 700 S. FEDERAL HWY, SUITE 200 BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MURDOCH, RICHARD A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 S. FEDERAL HWY, SUITE 200 BOCA RATON, FL 33432
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003782703 <input type="checkbox"/> Change <input type="checkbox"/> Addition -02/27/01--01083--021 *****50.00 *****50.00
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
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
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

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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)