2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 AUG 28 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011508

1. Entity Name

SANCTUARY BLUE HERON, LLC

Principal Place of Business	Mailing Address
7025 Beracasa Way Boca Raton, FL 33433	7025 Beracasa Way Boca Raton, FL 33433

2. Principal Place of Business		3. Mailing Address	
7025 Beracasa Way		7025 Beracasa Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 107		Suite 107	
City & State		City & State	
Boca Raton, FL 33433		Boca Raton, FL 33433	
Zip	Country	Zip	Country
33433	USA	33433	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1106993 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Kodsi & Eisenstein, P.A.
701 W. Cypress Creek Road, Suite 302
Ft. Lauderdale, Florida 33309

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 ______________________________ DATE

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

400004571244--1
-09/05/01--01075--031
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Elie Berdugo 7025 Beracasa Way ~~Boca Raton, Florida 33433~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400004571244--1 -09/05/01--01075--032 ******5.00 ******5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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] 8/24/01 561-395-6868

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