

2001 UNIFORM BUSINESS REPORT (UBR)

0030167 AF

DOCUMENT # **L00000013044**

FILED

01 MAY -1 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
TAMARAC CENTER, LLC

Principal Place of Business Mailing Address
11050 SANTA MONICA BLVD., STE. 150 **11050 SANTA MONICA BLVD., STE. 150**
LOS ANGELES CA 90025 **LOS ANGELES CA 90025**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
10933 Wellworth Ave 10933 Wellworth Ave

Suite, Apt. #, etc. Suite, Apt. #, etc.
#6 #6

City & State City & State
Los Angeles, CA Los Angeles, CA

Zip Country Zip Country
90024 USA 90024 USA

4. FEI Number Applied For
88-2579380 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEUKAMM, MICHAEL E
C/O GRAY, HARRIS & ROBINSON, P.A.
301 E. PINE ST., STE. 1400
ORLANDO FL 32801

~~Name
Chris Sullivan % CBA Property Mgmt
 Street Address (P.O. Box Number is Not Acceptable)
7154 N. University Dr, #265
 City **Tamarac** **FL** Zip Code **33321**~~

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, typed or printed name of registered agent and title if applicable.

(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

10. ADDITIONS / CHANGES

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **PST**
 STREET ADDRESS **Baker, Conrad C**
 CITY-ST-ZIP **10933 Wellworth Ave #6**
Los Angeles, CA 90024

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **CO**
 STREET ADDRESS **Baker, Conrad C**
 CITY-ST-ZIP **10933 Wellworth Ave #6**
Los Angeles, CA 90024

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **2000042749**
 STREET ADDRESS **-05/21/01--0141--022**
 CITY-ST-ZIP *******50.00 *****50.00**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

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

4/30/01 (310)445-2500x105

Date

Daytime Phone #

CR2E083 (11/00)