

# 2001 UNIFORM BUSINESS REPORT (UBR)

L00000014181

**DOCUMENT #** L00000014181  
 1. Entity Name  
**FOUR M REALTY OF SOUTH FLORIDA, L.L.C.**

FILED  
 01 APR -2 AM 9:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: 3300 PGA BLVD., SUITE 500, PALM BEACH GARDENS FL 33410  
 Mailing Address: 3300 PGA BLVD., SUITE 500, PALM BEACH GARDENS FL 33410



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 65-1080888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**MJH**

**6. Name and Address of Current Registered Agent**  
 PROBST, DANIEL J  
 3300 PGA BLVD., SUITE 500  
 PALM BEACH GARDENS FL 33410

**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

100003996391--2  
 -04/13/01--01027--005  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SHAKESPEARE, MARK F</b> 3300 PGA BLVD., SUITE 500 PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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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:** *Mark F Shakespeare* **3/26/01** **3054958000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)