

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015189

1. Entity Name

DEERWOOD COMMERCE CENTER, L.L.C.

FILED

01 APR 12 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1150 B Hallendale Beach Blvd.
Hallendale Beach, FL 33009

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

65-1067133

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name ROBERT HECHTER

Street Address (P.O. Box Number is Not Acceptable)

1150 B E. HALLANDALE BEACH BLVD

City HALLANDALE

FL

Zip Code 33009

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.

Robert Hechter

(NOTE: Registered Agent signature required when reinstating)

4/06/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

600004036496--4

04/20/01--0110--014

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
DPS
ROBERT HECHTER
1150 B E HALLANDALE BEACH BLVD.
HALLANDALE FL. 33009

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP
D
BRETT HOUSTON
1150 B E. HALLANDALE BEACH BLVD.
HALLANDALE FL. 33009

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
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TITLE NAME Delete
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CITY-ST-ZIP

TITLE NAME Change Addition
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

Robert Hechter 4/06/01

Date

Daytime Phone #

(954) 455-3660

CR2E083 (11/00)