2001 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nar	FILED											
9	IMELSTOB FOXFIE	LD, L.C.				•	01	APR	۱۲	ALI	le 02	
Principal Place of Business 2300 p.w. Corporate Blud. Suite 212		Mailing Address 2300 N.W. Corporate Blud. Suite 222			O1 APR 16 AM 4: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA							
	Raton, fr 33431	Boca Raton,	ft !	33431				 ;				
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
City & State		City & State			4. FEI Number (65-1064080					Applied For		
Zip Country		Zip Co		ry	5. Certificate of Status Desired \$5.				Not Applicable OO Additional Required			
	6. Name and Address of Current Re	gistered Agent	<u> </u>		7. Name	and Address	of New R	egistered		equire	<u> </u>	
Willi	ion L. Eostein		ļ	Name		. ,		-				
William L. Epstein c/o Gimelstob Enterprises, Inc. 2300 n.w. component Blud., Suite 222				Street Address (F	P.O. Box Nu	mber is Not A	cceptable) 				
2300	H.W. Corporate Blud., Su	ite 222	1						 _			
Baca	Raton, FL 33431			City				FI	_	o Cod	e 	
				EE IS \$50.00 Department of	State-				,	·		
9.	MANAGING MEMBERS		10.	-		ADI	DITIONS/	CHANGE	S ☐ Ch	2000 (☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gimelshob, Herbert 2300 plw. Corporate Aud Boca Platon FL 3543			T ADDRESS ST-ZIP	,				[ange ;	AUUIRUII	
TITLE	MGR	☐ Delete	TITLE						☐ Ch	ange	Addition	
NAME STREET ADDRESS				T ADDRESS	2000040353623 -04/20/0101065005							
CITY-ST-ZIP	Squannah, OA 31406	Delete	CITY-S	ST-ZIP	_			¥50.0		***	<u> </u>	
NAME STREET ADDRESS	Hopin Marc D. 2300 N.W. Corporate A		NAME	T ADDRESS						Liigo		
CITY-ST-ZIP	Bock Ration, the 3345		CITY-S	ST-ZIP			<u> </u>				Addition	
TITLE NAME	MGR Kitchen, Charlotte	☐ Delete	NAME						☐ Ch	ange	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	315 Connerviel Drive Squanah GA 31406	, sik Az	STREET CITY-S	T ADDRESS ST-ZIP								
TITUE:	MGR Epstein William L.	☐ Delete	TITLE						Ch	ange	Addition	
STREET AGDRESS CITY ST-ZIP		ua., suite 222		TADDRESS ST-ZIP		-						
TITLE		☐ Defete	TITLE		 - - -	-			☐ Cha	алде	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-S	ADDRESS .								
11. I hereby of indicated	certify that the information supplied with this on this report is true and accurate and tha bility company or the receiver or trustee em	t my signature shall have t	the exem	ption stated in Sec legal effect as if ma	ade under d	ath: that I am	Statutes, 1 a managi	further ce ng memb	rtify that er or ma	the in	formation of the	

SIGNATURE: WILL 1 John WILLIAM L. EPSTEN MOR 4/5/01 (S61) 997-8850

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

Date

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