

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-26-2002 90011 025 ****50.00

DOCUMENT # L01000004332

1. Entity Name

495 NE 4TH STREET ASSOCIATES, L.L.C.

Principal Place of Business

70 S.E. 4TH AVE
 DELRAY BEACH FL 33483

Mailing Address

70 S.E. 4TH AVE
 DELRAY BEACH FL 33483

2. Principal Place of Business

Suite #4

3. Mailing Address

Suite #4

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

01-0598887

Applied For

Not Applicable

Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

SOVIERO, ANTHONY C
 70 S.E. 4TH AVENUE
 DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name: ANTHONY C SOVIERO
 Street Address (P.O. Box Number is Not Acceptable): 495 NE 4th Street
 Suite #4
 City: Delray Beach FL Zip Code: 33483

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" 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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)