

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90030 049 ****50.00

DOCUMENT # L01000006589
 1. Entity Name
EASTERN SHORES PROFESSIONAL CENTER, LLC

Principal Place of Business Mailing Address
19495 BISCAYNE BLVD., SUITE 609 **19495 BISCAYNE BLVD., SUITE 609**
AVENTURA FL 33180 **AVENTURA FL 33180**

2. Principal Place of Business 3. Mailing Address
2775 Sunny Isles Blvd. **2775 Sunny Isles Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 118 **Suite 118**
 City & State City & State
North Miami Beach, FL **North Miami Beach, FL**

Zip Country Zip Country
33160 **USA** **33160** **USA**

4. FEI Number Applied For
65-1101763 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
NELSON, BARRY A
19495 BISCAYNE BLVD., SUITE 609
AVENTURA FL 33180

7. Name and Address of New Registered Agent
 Name **Barry A., Nelson**
 Street Address (P.O. Box Number is Not Acceptable)
2775 Sunny Isles Blvd., Suite 118
 City **North Miami Beach** **FL** Zip Code **33160**

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 *Barry A. Nelson* *1/22/02*
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
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	Managing Member/ Nelson, Barry A. 2775 Sunny Isles Blvd., Suite 118 North Miami Beach, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Sprechman, Steven 2775 Sunny Isles Blvd., Suite 100 North Miami Beach, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

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: *Barry A. Nelson* *1/22/02* *305-932-2000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)