

2002 **UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90393 015 \*\*\*\*55.00

**DOCUMENT # L01000006975**

1. Entity Name

**1645 EAST LAKE DRIVE, LLC**

**DO NOT WRITE IN THIS SPACE**

956136

2. Principal Place of Business

**1923 N.E. 31<sup>st</sup> Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**1923 N.E. 31<sup>st</sup> Avenue**

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

4. FEI Number

**65-1108286**

Applied For

Not Applicable

Zip

**33305**

Country

**USA**

Zip

**33305**

Country

**USA**

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

**DO NOT WRITE IN THIS SPACE**

Name

**Registered Agents of Florida, LLC**

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

**100 SE 2<sup>nd</sup> Street**

Suite 3500

City

**Miami**

**FL**

Zip

**33131**

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

9. **MANAGING MEMBERS/ MEMBERS**

10. **ADDITIONS/ CHANGES**

TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP

**MGRM**

Delete

**Robert John Risse**  
**1923 N.E. 31<sup>st</sup> Avenue**  
**Ft. Lauderdale, FL 33305**

TITLE  
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**DO NOT WRITE IN THIS SPACE**

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



**Robert John Risse, Member 3-18-02 954-630-3300**

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

Date

Daytime Phone #