2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90217 035 ****50.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000009207

1. Entity Name
7964 GULFSTREAM BLVD., L.L.C.

Principal Place of Business	Mailing Address
170 N.W. SPANISH RIVER BLVD. BOCA RATON FL 33431	170 N.W. SPANISH RIVER BLVD. BOCA RATON FL 33431

2. Principal Place of Business		3. Mailing Address	
7946 GULFSTREAM BLVD		7946 GULFSTREAM BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MARATHON, FL		City & State: MARATHON FL	
Zip: 33050	Country: USA	Zip: 33050	Country: USA

4. FEI Number: 65-1122331 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
1031 EXCHANGE CORPORATION ATTN: RONALD L. PLATT, PRESIDENT 170 N.W. SPANISH RIVER BLVD. BOCA RATON FL 33431	Name: RONALD B. LEWIS, ESQ Street Address (P.O. Box Number is Not Acceptable): 2000 GLADES RD., #306 City: BOCA RATON **FL** Zip Code: 33431

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] 4/30/02
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 1031 EXCHANGE CORPORATION 170 N.W. SPANISH RIVER BLVD. BOCA RATON FL 33431	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Robert V. Plath 7946 GULFSTREAM BLVD. MARATHON, FL 33050	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/01)

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 REQUIRED [signature] 4/30/02 561-750-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #