2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2002 8:00 am s Secretary of State DOCUMENT # L0100009479 1. Entity Name 02-27-2002 90059 009 ****50.00 PALM LUDLAM, L.L.C. Principal Place of Business Mailing Address 1428 BRICKELL AVE. SUITE 105 1428 BRICKELL AVE. SUITE 105 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-1122978 Applied For City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M & W AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD. SUITE 107 **BOCA RATON FL 33431** City Zip Code FL 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES **MGR** TITLE Delete TITLE. Change ☐ Addition HALPRYN, GLENN L NAME NAME STREET ADDRESS STREET ADDRESS 1428 BRICKELL AVE. SUITE 105 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

URE: G1 en GNATTPRYN E JANUARY 1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGE, ORAUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

(305) 371-4112

Change

☐ Addition