AMENDED

LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

FILED DOCUMENT # L01000010522 2002 DEC -3 PM 12: 05 1. Entity Name DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA SAVION DEVELOPERS AT SEABREEZE, LLC DO NOT WRITE IN THIS SPACE 800009306878 12/03/02--01011--001 **50.00 2. Principal Place of Business 3. Mailing Address 198 NE 6th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Delray Beach, FL Applied For Not Applicable .Country_. Country 33483 \$5.00 Additional USA 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Seabreeze Isles Management, Inc. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 198 NE 6th Avenue City Delray Beach Zip Code 33483 ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. , Isack Merenfeld, President FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS/MANAGERS TITLE Seabreeze Isles Management, Inc. TITLE MGR (12/01) NAME 198 NE 6th Avenue #P02000 N9709 NAME STREET ADDRESS STREET ADDRESS Delray Beach, FL 33483 CITY-ST-71P CR2E083B CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST. 7P TITLE TITLE 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 employered to execute this report as required by Chapter 608. Florida Statutes.

, Isack Merenfeld

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

561-272-0703

Daytime Phone #