2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am Secretary of State DOCUMENT # L01000013916 04-22-2002 90239 004 ****50.00 CHIMI PROPERTIES, L.L.C. Principal Place of Business Mailing Address 254 BOMBAY AVE. 254 BOMBAY AVE. LAUDERDALE-BY-THE-SEA FL 33308 LAUDERDALE-BY-THE-SEA FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1154736 Not Applicable Zip Country 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 NATHAN, RANDY J Street Address (P.O. Box Number is Not Acceptable) C/O FRANK, WEINBERG & BLACK, P.L. 7805 S.W. 6TH COURT PLANTATION FL 33324 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00. Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITI F **在**在1000年 ☐ Delete TITLE HArry R Eggleston II as 4 Dombax Ave ☐ Change **X** Addition NAME NAME STREET ADDRESS STREET ADDRESS LAUdendale Bx the Sea FL 33308 CITY-ST-7IP CITY-ST-ZIP MOT T Essleston Change MADDIN RITH T Essleston 354 Bombax Ave LAuderdale Bx the Sea FL 33308 TITLE ☐ Delete TITI F **☑** Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Marry & Essleston III asy Bombay Ave TITLE ☐ Delete ☐ Change 🔀 Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAudendale Bx the Sen CITY-ST-7IP 33308 TITLE ! □ Delete TIT) F ☐ Addition Change NAME ? NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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.

JRE: HALLY & Experter 3/4/02 (954) 781-4743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED