LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90386 004 ****50.00

DOCUMENT # L01000021023

1. Entity Name
ANTARAMIAN/RETAIL PARTNERS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
365 FIFTH AVE SOUTH	365 FIFTH AVE. SOUTH
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34102 / Country: USA	Zip: 34102 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1157638 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JACK ANTARAMIAN
Street Address (P.O. Box Number is Not Acceptable): ~~365 FIFTH AVE SOUTH~~
SUITE 201
City: NAPLES **FL** Zip Code: 34102

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGING MEMBER	TITLE	
NAME	JACK ANTARAMIAN	NAME	
STREET ADDRESS	365 FIFTH AVE SOUTH, #201	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	MANAGER	TITLE	
NAME	F. FRED PEZESHKAN	NAME	
STREET ADDRESS	2606 S. HORSE SHOE DR.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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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] JACK ANTARAMIAN 4/23/02 239-434-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #