

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

3/11

FILED
May 05, 2003 8:00 am
Secretary of State

03-18-2003 90147 011 ****50.00

DOCUMENT # L02000019364

1. Entity Name

2630 NORTH ANDREWS AVENUE, LLC



Principal Place of Business

Mailing Address

**3200 NORTH OCEAN BOULEVARD, UNIT 509
FT LAUDERDALE FL 33308**

**3200 NORTH OCEAN BOULEVARD, UNIT 509
FT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

83-0355036

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEEDS, MARILYN
3200 NORTH OCEAN BOULEVARD, UNIT 509
FT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: **Manager** Delete
NAME: **Marilyn Leeds**
STREET ADDRESS: **3200 N. OCEAN Blvd #509**
CITY-ST-ZIP: **Ft. Laud. FL 33308**

TITLE: Delete
NAME:
STREET ADDRESS:
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10. ADDITIONS/CHANGES

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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: *Marilyn Leeds*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/12/03 *9545656916*
Date Daytime Phone #

CR2E083 (10/02)