

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED

01 JUN 25 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000000392
 1. Entity Name
SNOWMARK HOLDINGS, L.C. 2790 North Federal LLC
 (Name change effective 1/19/01)

Principal Place of Business Mailing Address
 2790 NORTH FEDERAL HIGHWAY 2790 NORTH FEDERAL HIGHWAY
 BOCA RATON FL 33431 BOCA RATON FL 33431

2. Principal Place of Business 3. Mailing Address
5065 Highway A1A **5065 Highway A1A**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Vero Beach, FL **Vero Beach, FL**

Zip **32963** Country **USA** Zip **32963** Country **USA**

4. FEI Number Applied For
65-0837160 Not Applicable

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

6. Name and Address of Current Registered Agent
KOSKI, ARTHUR C
4730 N.W. BOCA RATON BLVD., SUITE 200
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
 Name
Phillip Vitello
 Street Address (P.O. Box Number is Not Acceptable)
662 Azalea Lane
 City **FL** Zip Code
Vero Beach **32963**

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. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SNOWDEN, GUY B <input checked="" type="checkbox"/> Delete 2790 NORTH FEDERAL HIGHWAY BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Snowden, GUY B. 5065 Highway A1A Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete MARKOWITZ, VICTOR 2790 NORTH FEDERAL HIGHWAY BOCA RATON FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Markowitz, Victor 5065 Highway A1A Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 06.08.01 561.231.5858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)