

2001 UNIFORM BUSINESS REPORT (UBR)

0007995 AF

DOCUMENT # **L98000002987**

1. Entity Name
RETAIL DEVELOPMENT GROUP LLC

FILED
01 MAY -7 PM 5:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
17305 SW 78TH COURT
MIAMI FL 33157

Mailing Address
17305 SW 78TH COURT
MIAMI FL 33157



2. Principal Place of Business
4460 NW 63 DRIVE

3. Mailing Address
4460 NW 63 DRIVE

DO NOT WRITE IN THIS SPACE

MMJH

City & State
COCONUT CREEK, FL.

City & State
COCONUT CREEK, FL.

4. FEI Number
65-0880874

Zip
33073

Country
USA

Zip
33073

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOEKSTRA, ALLAN W
17305 SW 78TH COURT
MIAMI FL 33157

Name
HOEKSTRA, ALLAN W
Street Address (P.O. Box Number is Not Acceptable)
4460 NW 63 DRIVE
City
COCONUT CREEK FL Zip Code
33073

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 **ALLAN W. HOEKSTRA** *[Signature]* DATE **4/30/01**
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

200004336592--1
AS=5505/31/01--01086--005
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR HAYES, DAVID
17305 SW 78TH COURT
MIAMI FL 33157 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR HOEKSTRA, ALLAN W
17305 SW 78TH COURT
MIAMI FL 33157 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR HOEKSTRA, ALLAN W
4460 NW 63 DRIVE
COCONUT CREEK, FL. 33073 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
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 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change 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 60B, Florida Statutes.

SIGNATURE: *[Signature]* DATE **4/30/01** DAYTIME PHONE # **954-418-6557**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)