

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90130 040 \*\*\*\*50.00

DOCUMENT #. **L98000002987**

1. Entity Name  
**RETAIL DEVELOPMENT GROUP LLC**

Principal Place of Business <del>4460 NW 63 DRIVE</del> <del>COCONUT CREEK FL 33073</del>	Mailing Address <del>4460 NW 63 DRIVE</del> <del>COCONUT CREEK FL 33073</del>
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2. Principal Place of Business <b>4733 W. ATLANTIC AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>4733 W. ATLANTIC AVE</b> Suite, Apt. #, etc.
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City & State <b>Delray Beach FL</b> Zip <b>33445</b> Country <b>Palm Beach</b>	City & State <b>Delray Beach FL</b> Zip <b>33445</b> Country <b>Palm Beach</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0880874</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HOEKSTRA, ALLAN W**  
**4460 NW 63 DRIVE**  
**COCONUT CREEK FL 33073**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ 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**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HAYES, DAVID 17305 SW 78TH COURT MIAMI FL 33157</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HOEKSTRA, ALLAN W 4460 NW 63 DRIVE COCONUT CREEK FL 33073</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>RON HIRSCH 4733 W. ATLANTIC AVE DELA</b></del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RON HIRSCH 4733 W. ATLANTIC AVE POLRAY BEACH, FL 33445</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Signature* **SIGNATURE** *Dinizien* **SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 4/23/02 Daytime Phone #: 561 638-3400

CR2E083 (9/01)