

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000464

1. Entity Name

LAUDERDALE MARKET PLACE INVESTMENTS, L.L.C.

Principal Place of Business

888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE FL 33316

Mailing Address

888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE FL 33316-1159

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
00 JUN -1 PM 1:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0891141

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

FORMAN, M. AUSTIN TRUSTEE
888 SOUTHEAST THIRD AVENUE, SUITE 501
FORT LAUDERDALE FL 33316

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

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR FORMAN, M. AUSTIN TRUSTEE
STREET ADDRESS 888 SOUTHEAST THIRD AVENUE, SUITE 501
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003283384--6
CITY-ST-ZIP -06/03/00--01094--020
*****50.00 *****50.00

TITLE NAME ☐ Delete
MGR MURPHY, WILLIAM M
STREET ADDRESS 4300 N UNIVERSITY DRIVE, SUITE D-103
CITY-ST-ZIP LAUDERHILL FL 33351

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

5/1/00

(94) 581-1240

CR2 5083 (9/99)