May 02, 2003 8:00 am Secretary of State

FILED

05-02-2003 90754 017 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900000464

STREET ADDRESS CITY-ST-ZIP

LAUDERDALE MARKETPLACE INVESTMENTS, L.L.C.

Principal Plac	e of Business	Mailing Address							
888 SOUTHEAST THIRD AVENUE, SUITE 501 FORT LAUDERDALE FL 33316			888 SOUTHEAST THIRD AVENUE, SUITE 501 FORT LAUDERDALE FL 33316						
								.)(11 ())	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number	65-0891141		_ 	plied For
Zip	Country	Zip	Zip Country		5. Certificate of S	itatus Desired		\$5.00 Add	
-	6: Name and Address of Curre	nt Registered Agent			7. Name and Add	iress of New Re			
-				Name			<u> </u>	<u></u>	_
	MAN, M. AUSTIN TRUSTEE	OUTT EAA	Street Address		s (P.O. Box Number is Not Acceptable)				
	southeast third avenue, § It lauderdale fl 33316	SUITE SUI	. 501						· -
10,	TO LANDENDALL I E 000 10								
				City			FL	Zip Cod	е
	named entity submits this statement	for the purpose of changing its	s registered	office or register	ed agent, or both, in	the State of Flori	ida. I am f	amiliar with,	and accept
the obligati	ions of registered agent.								
SIGNATURE		4.00					DATE:		
	Signature, typed or printed name of registered age	ent and title if applicable. (NOI	IE: Registered A	gent signature required	when reinstating)		DATE		
			· ·	E IS \$50.00					
	•	Make Check Payab	ile to Flori le By May	•	nt of State				
				1, 2003		155ETONS (· -
9. TITLE	MGR MANAGING MEM	BERS/MANAGERS Delete	10.			ADDITIONS/C	HANGES	☐ Change	Addition
NAME	FORMAN, M. AUSTIN TRUSTI		NAME					L Change	☐ Addition
STREET ADDRESS	888 SOUTHEAST THIRD AVE			ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		CITY-ST	-ZIP					
TITLE	MGR	☐ Delete	TITLE					Change	Addition
NAME	MURPHY, WILLIAM M		NAME	Bic	CKroc	K Part	ner	S LT	<u> </u>
STREET ADDRESS	4300 N UNIVERSITY DRIVE, S	SUITE D-103	STREET	ADDRESS					
CITY-ST-ZIP	LAUDERHILL FL 33351		CITY-ST	- ZIP					
TITLE	and the second s	☐ Delete	TITLE			_		☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS			4	ADDRESS					
CITY-ST-ZIP			CITY-ST	-ZIP					··
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME			NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-ST	- ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-ST	-ZIP		 			
TITLE		☐ Delete	TITLE					☐ 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 lighting the composition of the limited lighting.

STREET ADDRESS

Daytime Phone #