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☐ Change ☐ Addition

2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # L9900001334  1. Entity Name DF & B PROPERTIES, LLC						3)	FILED Jan 14, 2002 8:00 am Secretary of State 01-14-2002 90028 041 ****50.00					
Principal Place of Business 2016 SUNRISE KEY BLVD. FORT LAUDERDALE FL 33304		Mailing Address										
		904	2016 SUNRISE KEY BLVD. FORT LAUDERDALE FL 33304				0 U A A U U					
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State			<b>4.</b> F	4. FEI Number 65-0912285 Applied For Not Applicable					]
Zip		Country	Zip	Count	ry	5. 0	Certificate of S	Status Desired		5.00 Add	ditional	1
	6. Name	and Address of Current	Registered Agent	<u> </u>		7. N	lame and Ad	dress of New F	Registered A	gent		1
- RANKIN, JANE ESQ					Name							]
ONE EAST BROWARD BLVD, STE. 1600 FT. LAUDERDALE FL 33301				Street Address (P.O. Box Number is Not Acceptable)								
11.	LAUDENDA	W.L I L 33301										
			Ī	City		FL Zip Code					1	
8. The above	named entit	y submits this statement for	the purpose of changing Its	registere	d office or	registered age	ent, or both, in	n the State of Fk	orida.			1
SIGNATURE .	Classics based	or printed name of registered agent a		5.6		_						
	Signature, typed	or printed name or registered agent a	ind the rapplicable. (NUT	E: Hegistered	Agent signatur	re required when rei	instating)		DATE			4
			FILE No Make Check Pa		EE IS \$4 Departm		e					
			Du	e By Ma	y 1, 2002	2						
9.		MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS/	CHANGES			1
TITLE	MGRM		Delete	TITLE						☐ Change	☐ Addition	3
NAME		SON, JOSEPH J		NAME	ľ							) è
STREET ADDRESS		STA WAY			T ADDRESS							g
CITY-ST-ZIP		UDERDALE FL 33301		CITY-	S1-ZIP	- AA C 0	7/1					18
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STREET ADDRESS		عار فالهداء المحالي	manager a gray to		T ADDRESS	-1 .	**					1
CITY-ST-ZIP				CITY-S	ST-ZIP	J.						
TITLE			☐ Delete	TITLE						Change	☐ Addition	
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NAME -			□ Delete	NAME	Ì					Grange		
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP				CITY_S	T_71P							1

☐ Delete

TITLE

NAME

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:

SIG

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP