2000 UNIFORM BUSINESS REPORT (UBR)

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DOCU 1. Entity Nam	MENT # L990	00000	2040					Fi	LED		
1719 PROPERTIES, LLC						00	APR 22	2 AM 9	52		
		·					SEG	CRETAR	Y OF ST	AFE	
Principal Plac	ce of Business	Mailing	g Address			}	14	_AHAS	SEE. FLC	IRIDA'	
2929 EAST COMMERCIAL BLVD SUITE 410 2929 EAST COMMERCIAL BLVD SUITE 410 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33306-4220											
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2. Principal Place of Business 3. Mailing Ac		ig Address						8711 88 111 99111 6	8418 14812 E917	1 01911 2821 1281	
Suite, Apt. #, etc. City & State		Suite	Suite, Apt. #, etc. City & State			$ \longrightarrow $	~1·M	O NOT WR	I ITE IN THIS S	3PACE	
		City					4. FEI Number 65-0910638				applied For
		_					65-09106	538			lot Applicable
Zip	Country	Zip		Coun	ntry	5. C	ertificate of Statu	us Desired		\$5.00 Ac Fee Requir	
7	6. Name and Address of Curre	ent Registere	d Agent			7. Na	ame and Addre	ss of New	Registered A	Agent	
CAMEDON CADA EPEDT					Name	·					
CAMERON, CARA EBERT 2929 EAST COMMERCIAL BLVD., SUITE 410			Street Address		ddress (P.O. Bo	(P.O. Box Number is Not Acceptable					
	UDERDALE FL 33308	,,,,				- 411.					
					City		- wi _		FL	Zip Co	de
The above	n named entity submits this statemen	nt for the purpo	ose of changing its	s registere	ed office o	r registered age	nt or both in the	State of Fl	lorida.		
8. The above	e named entity submits this statemer							e State of Fl			
	e named entity submits this statemer					r registered agei		e State of Fl	lorida. DATE		
		igent and title if appl	licable. (NOT	TE: Registere	d Agent signal	ture required when rein	nstating)		DATE	807	
		igent and title if appl	licable. (NOT	TE: Registere	d Agent signal	ture required when rein	nstating)) -05/1	DATE	807 1079 ****	'——9 -005 *50.00
Signature .	Signature, typed or printed name of registered as MANAGING ME	igent and title if appl	FILE N Make Check Pa	TE: Registere OW!!! I ayable to	d Agent signal FEE IS \$ o Depart	ture required when rein	ostating)	0003 -05/1 ****	DATE 3.246 0/00-0 *50.00 8/CHANGES	***	*50.00
SIGNATURE	Signature, typed or printed name of registered as MANAGING ME	igent and title if appl	FILE N Make Check Pa	TE: Registere	d Agent signal FEE IS \$ o Depart	ture required when rein	ostating)	0003 -05/1 ****	DATE 3.246 0/00-0 *50.00 8/CHANGES	***	*50.00
	Signature, typed or printed name of registered as MANAGING ME MGRM CAMERON, CARA EBERT 2929 EAST COMMERCIAL BL	EMBERS/MEM	FILE N Make Check Pa IBERS	TE: Registere OW!!! I ayable to 10. TITLI NAM STRE	d Agent signal FEE IS \$ o Depart	ture required when rein	ostating)	0003 -05/1 ****	DATE 3.246 0/00-0 *50.00 8/CHANGES	***	*50.00
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Cara Ebert Cameron, Managing Member

PPROVED

Daytime Phone #