

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003902

1. Entity Name

SECOND ORLANDO AREA BLIMPIE REALTY, LLC

FILED

01 SEP 19 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: *United Corporate Services Inc. 9200 South Dadeland Blvd Suite 508 Miami, FL 33156*
Mailing Address: *1775 The Exchange Suite 600 Atlanta, GA 30339*

2. Principal Place of Business: *[Blacked out]*
3. Mailing Address: *[Blacked out]*

Suite, Apt. #, etc.: *[Blacked out]*
City & State: *[Blacked out]*
Zip: *[Blacked out]* Country: *[Blacked out]*

4. FEI Number: *65-0540281*
Applied For: Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
United Corporate Services Inc. 9200 South Dadeland Blvd Suite 508 Miami, FL 33156

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL 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

700004614687--7
-09/28/01--01004--012
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE: <i>President</i> NAME: <i>DAVID L. Siegel</i> STREET ADDRESS: <i>740 BROADWAY</i> CITY-ST-ZIP: <i>NEW YORK, NY 10003</i>	<input type="checkbox"/> Delete
TITLE: <i>Vice President</i> NAME: <i>CHARLES LEANESS</i> STREET ADDRESS: <i>740 BROADWAY</i> CITY-ST-ZIP: <i>NEW YORK, NY 10003</i>	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
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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: _____	<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
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: _____

[Handwritten Signature]

6/12/01

CR2E083 (11/00)