2000 LINIEORM RUSINESS REPORT (URR)

	JUNITONIN DOS	INESS NEFT		(0011)	7			
DOCUMENT # L9900005272 1. Entity Name					ļ	FILED SECRETARY OF DIVISION OF CORPO	CTATE	
SEBAH HOLDINGS, L.L.C.					l l			
	<u> </u>			·		00 SEP - 1 AM	n: n2	
Principal Place of Business Mailing Address						,	.0 UZ	
712 US HWY ONE 712 US HWY ONE				•			//)	
SUITE 400 SUITE 400 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33			L 33408-45	21			<i>,</i> H	2001 2181 EG
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2. Principal P	lace of Business	3. Mailing Address			T (1994) Bay on 10110 (1914) Bash 96117 Bayl 00141 David Game (1914 (1910 (1914 (1914			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number			
Zip	Country	Zip	Country		5. Certi	ficate of Status Desired	S5.00 Ad	
	6. Name and Address of Current	Registered Agent			7. Nam	e and Address of New R		
·***********************************	-D-D-A			Name				
COHEN, FRED C 712 US HWY ONE				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 400								
NORTH PALM BEACH FL 33408				City FL Zip Code				
8. The above	named entity submits this statement f	or the purpose of changing it	s registere	ed office or registe	ered agent,	or both, in the State of Flo	rida.	
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NO	TE: Registered	d Agent signature require	ed when reinstati	ng)	DATE	
		FILE N	IOWIII E	EE IS \$50.00				.]
		Make Check P						
·								
9. TITLE	MANAGING MEME	BERS/MEMBERS	10.	<u> </u>		ADDITIONS/	CHANGES	Addition 8
NAME	Sebah, alain armand		NAMI					9
STREET ADDRESS CITY-ST-ZIP	712 US HWY ONE SUITE 400 NORTH PALM BEACH FL 33408	•		ET ADDRESS - ST- ZIP		- ഒരാവ്യാട്ട	<u> </u>	5,,,-5 8
TITLE	NONTH FALM DEACH FL 33400		TITLE		<u>-</u>		2/0001071- *50.80 □ ****	**\T\T\ Addition
NAME			NAME					
STREET ADDRESS			1	ET ADDRESS ST-ZIP				
TITLE		Oelete	TITLE				☐ Change	Addition
NAME			NAMI		سد سرسو	ماييسان الميايية		
STREET ADDRESS		3		ET ADDRESS ST-ZIP				
TITLE		☐ Delata	TITLE			 -	☐ Change	☐ Addition
NAME ,			MAMI	į.				
STREET ADDRESS				ET ADDRESS - ST- ZIP				
TITLE			TITLE				Change	Addition
NAME	,		NAMI					
STREET ADDRESS				ET ADDRESS ST-ZIP				}
CITY-81-ZIP		Deleta	TITLE				Change	Addition
NAME Å			NAMI					
STREET ADDRESS	1			ET ADDRESS		•		
CITY-8T-ZIP	certify that the information supplied wit	h this filing does not qualify fo		motion stated in 9	Section 110	07(3)(i) Florida Statutos I	further certify that the	information
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or huster.	that my signature shall have	the same	legal effect as if	made unde:	r oath: that I am a manac	ing member or manage	er of the 46 1975
		1. (_		101	1-th 7	
SIGNAT				SEBA.	<u>H</u>	MIKILX	() Low	· ·
	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING MANAGING	MEMBER O	H MANAGER		Date	Daytime Phone #	ĺ