

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005808

1. Entity Name
POULOS VILLAGE, L.L.C.

Principal Place of Business 119 THORNTON DRIVE PALM BEACH GARDENS FL 33418	Mailing Address 119 THORNTON DRIVE PALM BEACH GARDENS FL 33418-8089
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2. Principal Place of Business 200-240 CROTON AVENUE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State LANTANA, FL 33462	City & State
Zip 33462 Country USA	Zip Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SAUERBERG, ERIC M
712 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name **Anne Poulos**
Street Address (P.O. Box Number is Not Acceptable)
119 THORNTON DR
City **PBB** FL Zip Code **33418**

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.

Anne Poulos
Signature, typed or printed name of registered agent and title if applicable.

Anne Poulos
(NOTE: Registered Agent signature required when reinstating)

4/7/00
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

MANAGING MEMBERS/MEMBERS	10. ADDITIONS/CHANGES
<p>MGR. ANNE POULOS, INC. 119 THORNTON DRIVE PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition 400003221784--2 -04/24/00--01165--023 *****50.00 *****50.00</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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: *Anne Poulos* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

CR2E083 (9/99)