05-19-2003 90068 013 \*\*\*\*50.00

## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900008052

1. Entity Name



FL SHLF1	I RE, LLC							
Principal Plac	ce of Business	Mailing Address						
1711 6TH AVENUE SOUTH LAKE WORTH FL 33460		7491 WEST OAKLAND PARK LAUDERHILL FL 33319	7491 WEST OAKLAND PARK BLVD.		) 	11 <b>9</b> 51 <b>818 18119</b> 68611 80111 88116 1	RAINI BANK RAIOC SOCII BOS	<b>a</b> l <b>a</b> ng <b>a</b> n <b>a</b> l ( <b>11</b> )
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF	- MAKING CHANG	ES
City & State		City & State	City & State		4. FEI Nun	nber <b>65-0964209</b>	/ ⊢	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certifica	ate of Status Desired	□ \$5.00 / Fee Requ	
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of New Re	gistered Agent	
รณ์	HEINER, ELIEZER	- <del></del>	Name					
, 171	1 6TH AVENUE SOUTH (E WORTH FL 33460		Street	Address (F	P.O. Box Num	nber is Not Acceptable)		
Ş	L WOMM L GOTO		742	71 W	. Oak	land Park	K Blud E	ty 100
	named entity submits this statement for	or the number of changing its re	$\perp$ $\perp$ $\perp$	uder	hill	bath in the Ctate of Flori	_ <u> </u>	319
	tions of registered agent.	or the purpose of changing its re	gistered onice	or registere	au agent, or i	bout, in the state of Fion	ua, ramiamilarwi	in, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if analogable (NOTE: 5	Registered Agent sign	nt. re me droid	ubon seleptatian)		DATE	
	Signature, typed or printed harne or registered agent	<del></del>			when reinstating)	1	DAIE	·
			N!!! FEE IS			1		l
		Make Check Payable	to Florida Di By May 1, 20	-	it of State			
	MANAGING MEMBI	ſ				ADDITIONS (C	NAMOTO	
9. TITLE	MGR	Delete	10.	MER	2M	ADDITIONS/C		e 🗌 Addition
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NAME			NAME	Lich	tschei	n Teddy Kland Park		
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CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				
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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: ///

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #