

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -9 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005888

1. Entity Name

Exor Properties, LLC

Principal Place of Business

Mailing Address

200-A John Knox Road
Tallahassee, FL 32303

200-A John Knox Road
Tallahassee, FL 32303

2. Principal Place of Business

303 Whitemarsh Valley RD

3. Mailing Address

c/o Rivka Barav

Suite, Apt. #, etc.

Suite, Apt. #, etc.

303 Whitemarsh Valley RD

City & State

Fort Washington, PA

City & State

Fort Washington, PA

4. FEI Number

59-3599067

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIM Properties, Inc.
200-A John Kox Road
Tallahassee, FL 32303

Name William Wiener, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)
4310 Sheridan St., Suite 202

City Hollywood

FL

Zip Code
33021

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

William Wiener C.P.A. William Wiener CPA 4/26/00

Signature typewritten printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Manager Delete
NAME Barav, Rivka
STREET ADDRESS 303 Whitemarsh Valley RD
CITY-ST-ZIP Fort Washington, PA 19034

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

3000032784 Change Addition
-06/06/00--01077--018
*****50.00 *****50.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Rivka Barav Manager

904 910-2177

Daytime Phone #

CR2E083 (9/99)