

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L99000008861

1. Entity Name

151 PROPERTIES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 29 AM 11:36

Principal Place of Business

151 N.W. First Avenue
Delray Beach, Florida 33444

Mailing Address

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0971197

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Robert W. Federspiel
151 N.W. First Avenue
Delray Beach, Florida 33444

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

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

(NOTE: Registered Agent signature required when reinstating)

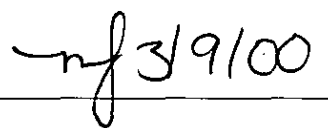
DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MM ☐ Delete
NAME Robert W. Federspiel
STREET ADDRESS 3691 Lone Pine Road
CITY-ST-ZIP Delray Beach, Florida 33445

TITLE ☐ Change ☐ Addition
NAME 
STREET ADDRESS
CITY-ST-ZIP

TITLE MM ☐ Delete
NAME Cynthia A. Federspiel
STREET ADDRESS 3691 Lone Pine Road
CITY-ST-ZIP Delray Beach, Florida 33445

TITLE ☐ Change ☐ Addition
NAME 600003169166-4
STREET ADDRESS -03/14/00--01088--011
CITY-ST-ZIP *****50.00 *****50.00

TITLE MM ☐ Delete
NAME Robert A. Dittman
STREET ADDRESS 925 Orchid Lane
CITY-ST-ZIP Gulf Stream, Florida 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MM ☐ Delete
NAME Joyce O. Dittman
STREET ADDRESS 925 Orchid Lane
CITY-ST-ZIP Gulf Stream, Florida 33483

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)