

2001 UNIFORM BUSINESS REPORT (UBR)

0032373 SP

DOCUMENT # L00000009873

1. Entity Name
MOPA, LC

Principal Place of Business: % 511 NE THIRD AVE., 2ND FLOOR FT. LAUDERDALE FL 33301

Mailing Address: % 511 NE THIRD AVE., 2ND FLOOR FT. LAUDERDALE FL 33301

FILED
01 APR 18 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1601 N Halifax Ave
3. Mailing Address: 1601 N Halifax Ave

City & State: Daytona Beach FL
City & State: Daytona Beach FL

Zip: 32118 Country: USA
Zip: 32118 Country: USA

4. FEI Number: Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BENNETT, JOSH N
% 511 NE THIRD AVE., 2ND FLOOR
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
600004078546-5
-04/25/01--01104--016
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	THE JUPITER TRUST	CDIB BUILDING, AVARUA	RAROTONGA, COOK ISLANDS	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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] **Steve Schlusberg** 4-15-01 904 257-2026 x307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)