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2001 UNIFORM BUSINESS REPORT (UBR)								The state of the s					
DOCUMENT # L9800001269 1. Entity Name ERAN INVESTMENTS OF FLORIDA, L.L.C.								FILED OI SEP 28 PM 3: 38					
Principal Place of Business Mailing Address 621 NORTHWEST 53RD STREET, SUITE 255 621 NORTHWEST 53RD STR						CHITE 255		TĂ	SECRETAR LLAHAS	SEE. FLOI	RIDA		
ONE PARK PL BOCA RATON	LACE	THEET. SUITE 200	ONE PARK PLACE BOCA RATON FL 33487										
2. Principal Place of Business 3. M				Mailing Address									•
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DO NOT WR	ITE IN THIS S	PACE		
City & State				City & State			4.	FEI Number	65-0853	268		plied For	}
Zip Country			Z	Zip Cour			5.	Certificate of S	ate of Status Desired				1
6. Name and Address of Current Registe				ered Agent			7.	Name and Ad	dress of New		•	क्र क्लाच्या कर	1 -
						Name							
ERAN INVESTMENT CORP. 621 NORTHWEST 53RD STREET, SUITE 255						Street A	Address (P.O.	Box Number is	Not Acceptab	le)			
	E PARK P												
BOCA RATON FL 33487						City				FL	Zip Cod	9	
8 The above	named entit	y submits this statemer	nt for the nu	roose of changing its	enister	ed office o	r registered a	gent or both in	n the State of F	lorida.	_		1
e. The above	named emi	y submits this statemen	it for the pu	rpose of changing its i	egistei	ou omoc o	r rogistored a	gont, or both, ii	Tale oldio or i	101104			
SIGNATURE _	Signature, types	or printed name of registered a	icent and title if s	applicable (NOTE	Registere	rd Acent signat	ture required when	reinstating)		DATE			
	Signature, typec	TO Princed Harris Of Fagistared a	igent and the ma					1					1
				FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of				ate					
				Due By	Septe	mber 26,	2001						
9.		MANAGING MEN	NAGERS				ADDITIONS	CHANGES			1_		
TITLE	MGR			☐ Delete	TITL						☐ Change	☐ Addition	CR2E083 (5/01)
NAME STREET ADDRESS	IAME ERAN INVESTMENT CORP. STREET ADDRESS 621 NORTHWEST 53RD STREET, SU				NAM STR	eet address							8
CITY-ST-ZIP BOCA RATON FL 33487				IIE 233		-ST-ZIP							
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STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 tustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE:

STAPLE CHECK HERE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: