2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

L96000001101 35 NW 54TH ST, L.C. Principal Place of Business Mailing Address

FILED May 06, 2002 8:00 am Secretary of State 05-06-2002 90191 009 ****50.00

419 WEST 49 #106 HIALEAH FL			419 WEST 49TH STREET #106 HIALEAH FL 33012-3602	Г							
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEII	4. FEI Number 65-0704447 Applied For Not Applicable				
Zip Country		Country	Zip	Zip Cour		5. Certi				5.00 Additional ee Required	
	6. Name	and Address of Current	Registered Agent			7. Nam	e and Address of Ne	w Registered			
					Name			A TIOGISTOLOG	Agont		
7800 NE 2ND AVE, L.C.											
	WEST 49T	h street		Street Address (P.O. Box Number is Not Acceptable)				
# 106											
HIA	LEAH FL 33	3012-3602			City			FI	Zip Cod	de	
8. The above	named entity	submits this statement for	the purpose of changing its	s registere	ed office or regi	stored agent	or both in the Ctate of		<u> </u>		
	ĺ		, present an anomaling to	. ogiotoi e	a omos or regi	owieu agent,	OF DOUT, IN THE STATE OF	гюнаа.			
SIGNATURE.	 										
<u> </u>	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registered	Agent signature req	juired when reinstati	ing)	DATE			
•			Make Check Pa	ayable te	EE IS \$50.0 Departmenty 1, 2002					-	
9.		MANAGING MEMBER	RS/MANAGERS	10.	<u> </u>		ADDITION	IS/CHANGES	3		
TITLE	MGR		☐ Delete	TITLE				io) of ir available	☐ Change	Addition	
NAME		ronald p		NAME			•		ondings		
STREET ADDRESS CITY-ST-ZIP		NTURY PARK EAST #24	100	STREE	T ADDRESS						
		ELES CA 90067-2326		CITY-	ST-ZIP						
TITLE	MGR		☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS	FISHER,			NAME							
CITY+ST-ZIP	1801 CEN	TURY PARK EAST #24	100		T ADDRESS						
	LUS ANG	ELES CA 90067-2326		CITY-	ST-ZIP						
TITLE NAME	MGR	NOMADD I	☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS		RICHARD J		NAME							
CITY-ST-ZIP		ITURY PARK EAST #24 ELES CA 90067-2326	100	CITY-S	ADDRESS				•		
TITLE	LUS ANG	ELES UA 90067-2326			51-71	 					
NAME			☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS				•	ADDRESS						
CITY-ST-ZIP				CITY-S	* * *						
TITLE		······································	☐ Delete	TITLE							
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STREET ADDRESS					ADDRESS					ĺ	
CITY-ST-ZIP				CITY-S							
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NAME				NAME]				Change	☐ Addition	
STREET ADDRESS				STREET	ADDRESS						
C/TY-ST-ZIP		<u> </u>		CITY-S	7					ł	
 11. I hereby ce indicated o limited liabi 	rtify that the i n this report i lity company	nformation supplied with the strue and accurate and the or the receiver or trustee e	is filing does not qualify for at my signature shall have the mpowered to execute this re	the exem he same ! eport as r	otion stated in t egal effect as it equired by Cha	Section 119.07 f made under o apter 608, Flori	7(3)(i), Florida Statutes path; that I am a mand da Statutes.	. I further cert aging membe	ify that the in r or manager	ormation of the	

SIGNATURE: NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE