APPRUVEL.

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L000000142  1. Entity Name MITCHELL, YORK, COOPER, L.L.C.				OI APR 27 PM 4: 25  SECRETARY OF STATE TABLIAHASSEE, FLORIDA
	ce of Business AVENUE NORTH. SUITE 8 TH FL 33463	Mailing Address 5350 10TH AVENUE NOFT LAKE WORTH FL 33463	'H: SUITE 8	
1	Place of Business DUSHWY1 # D	3. Mailing Address		
Suite, Apt		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
	r Palm Beach FL	City & State		4. FEI Number 65 - 0974 111   Applied For   Not Applicable
Zip 33	Country USA  6. Name and Address of Current F	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
	o. reallo and Address of Ourient	adiatelen whelit	Name	7. Name and Address of New Registered Agent
712 U.S.	ERG, ERIC M HIGHWAY ONE, SUITE 400 PALM BEACH FL 33408	•	Street	PARISTOPHER J. COOPER et Address (P.O. Box Number is Not Acceptable)
110/11/11 i	ALIII BEAGITTE GGGG		City	NORTH PACE BEACH FL Zip Code 33408
8. The above	named entity submits this statement for	the nurnose of changing its a	raistered office	e or registered agent, or both, in the State of Florida.
SIGNATURE		COOPER		gnature received when reinstating)  9. 19. 200 / DATE
		Make Check Pa	W!!! FEE IS	artment of State *****50.00 *****50.80
9.	MANAGING MEMBE		10.	ADDITIONS/CHANGES
NAME STREET ADDRESS		400	NAME STREET ADDRESS	1 1 20
CITY-ST-ZIP	NORTH PALM BE		CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEPHEN A.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ´	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Change Addition
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 of frustee empowered to execute this report as required by Chapter 608, Florida Statutes.				

CHETSTOPHER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANA 3ER, OR AUTHORIZED REPRESENTATIVE