

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 11, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000000159**1. Entity Name  
REPATH MCAULEY WOODS LLC

Principal Place of Business 1601 FORUM PLACE, SUITE 700  WEST PALM BEACH FL 33401	Mailing Address 1601 FORUM PLACE, SUITE 700  WEST PALM BEACH FL 33401
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2. Principal Place of Business 1801 CENTREPARK DRIVE EAST	3. Mailing Address 1801 CENTREPARK DRIVE EAST
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Suite, Apt. #, etc. SUITE 250	Suite, Apt. #, etc. SUITE 250
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City & State WEST PALM BEACH FL	City & State WEST PALM BEACH FL
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Zip 33401	Country	Zip 33401	Country
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4. FEI Number <b>65-0971354</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MCAULEY ROBERT W  
1601 FORUM PLACE, SUITE 700  
  
WEST PALM BEACH FL 33401**7. Name and Address of New Registered Agent**Name  
MCAULEY ROBERT W  
Street Address (P.O. Box Number is Not Acceptable)  
1801 CENTREPARK DRIVE EAST  
SUITE 250  
City  
WEST PALM BEACH FL Zip Code  
33401

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 \_\_\_\_\_ 07/11/2001  
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**

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

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODS LOTI C 1801 CENTREPARK DRIVE EAST, SUITE 250 WEST PALM BEACH FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCAULEY ROBERT W 1801 CENTREPARK DRIVE EAST, SUITE 250 WEST PALM BEACH FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REPATH DEREK J 1801 CENTREPARK DRIVE EAST, SUITE 250 WEST PALM BEACH FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Robert W. McAuley MGR 07/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)