2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000000161								FILED					
FALCON PARTNERS REALTY AND CAPITAL, LLC							OI FEB 19 AM II: 13						
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Principal Place of Business Mailing Address							SECRETARY OF STATE TALLAHASSEE, FLORIDA						
3300 UNIVERSITY DRIVE 3300 UNIVERSITY DRIVE								SE TAI	LAHAS	SEE.FI	FAKIN	Α.	
SUITE 001 CORAL SPRII	NGS FL 3306	5	SUITE 001 CORAL SPRINGS FL 3									BRODE HORE 1881	
2. Principal F	Place of Busi	ness	3. Mailing Address	ess '									
•								1 18941871 9 11 88147 9	######################################				
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & Stat	te		City & State				4. FEI Number Applied For Not Applied For						
Zip		Country	Zip	Coun	itry			licate of Status		\$5	.00 Add	ditional	
	6. Name	and Address of Current	Registered Agent	<u> </u>	<u> </u>			and Address			Require nt	<u>a</u>	
and the same of th						Name							
PARKS SCHLECHTER, AMANDA 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH FL 33418						Street Address (P.O. Box Number is Not Acceptable)							
WESTER	CLIVI DEACI	112 30410		City	City FL Zip Code						 Э		
The above named entity submits this statement for the purpose of changing its registered.						·							
•													
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (N	IOTE: Registere	d Agent signatu	ure required wh	nen reinstati	ng)		DATE			
ζ.			FILE	NOW!!!	FEE IS \$	50.00							
			Make Check I	Payable t	o Departi	ment of S	State						
9.	3	MANAGING MEMBE	RS/MEMBERS	10.				AD	DITIONS/CH	ANGES			
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NAME STREET ADDRESS		73		NAMI STRE	E . Et address								
CITY-ST-ZIP		,		CITY	-ST-ZIP				····				
11. I hereby of indicated limited lia	certify that the on this reposibility compa	e information supplied with rt is true and accurate and ny or the receiver or trustee	this filing does not qualify that mysignature stall hav empawered to execute th	for the exer re the same is report as	mption state legal effect required b	ted in Secti ct as if mad by Chapter	on 119.0 de under 608, Flo	7(3)(i), Florida oath; that I am rida Statutes.	Statutes. I furt a managing	her certify t member or	that the in manage	formation r of the	
		SIGNAT	War Service	1916) (<u>.</u> 11	7								
SIGNAT		AND TYPED OR PRINTED NAME OF	IGNING MANAGING MEMBER, N	MANAGER, OR	AUTHORIZED	REPRESENTA	ATIVE	Date		Daytim	e Phone #		