

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90691 029 ****55.00

DOCUMENT # L00000001432

1. Entity Name

PRELUDE PROPERTIES GROUP, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

521 OLD DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

TEQUESTA FL

City & State

Zip

33469-2344

Country

Country

4. FEI Number

65-0978877

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JUDITH A. ROTHENBERG

Street Address (P.O. Box Number is Not Acceptable)

521 OLD DIXIE HWY

City

TEQUESTA

FL

Zip Code 33469

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. I am familiar with, and accept the obligations of registered agent. N/A

SIGNATURE

R.A. of record is retained

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE P/T
NAME BRUCE M. ROTHENBERG
STREET ADDRESS 521 OLD DIXIE HWY
CITY-ST-ZIP TEQUESTA FL 33469-2234

TITLE V/S
NAME JUDITH A. ROTHENBERG
STREET ADDRESS 521 OLD DIXIE HWY
CITY-ST-ZIP TEQUESTA FL 33469-2234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Bruce M. Rothenberg

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

5/1/03

Date

561-743-9974

Daytime Phone #

CR2E083B (12/02)