## 2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # L0000001689  1. Entity Name OAIC COMMERCIAL ASSETS LLC   |   |   |                       |   |  |  |                 |  |                    |  |
|---|---|---|-----------------------|---|--|--|-----------------|--|--------------------|--|
|   |   |   |                       |   |  | FILED  |                 |  |                    |  |
| •   |   |   |                       | :   |  | OI FEB -5 AM   | R: 1, 1         |  |                    |  |
| Principal Place of Business Mailing Address   |   |   |                       |   |  | •  |                 |  |                    |  |
| 1675 PALM BEACH LAKES BLVD STE. 10A 1675 PALM BEACH LAKE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 3  |   |   |                       | 1   |  | SECRETARY OF<br>ALL'AHASSEE. F                                 | STATE<br>LORIDA | <b>n</b> i 18 <b>03 a</b> nit <b>a</b> i | (4)(() (4)() () () |  |
| Principal Place of Business     3. Mailing Address  |   |   |                       |   |  |  |                 |  |                    |  |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.<br>Ste IDA Attn. John |                       |   |  | DO NOT WRITE IN THIS SPACE                                     |                 |  |                    |  |
| City & Stat   | е   | City & State Experi                       |                       |   |  | 4. FEI Number  |                 |  |                    |  |
| Zip   | Country   | Zip                                       | Cour                  | try   |  | 5. Certificate of Status Desired                               |                 |  | itional            |  |
|   | 6. Name and Address of Current                            | Registered Agent                          |                       | 7. Name and Address of New Registered Agent |  |  |                 |  |                    |  |
| ير لمحققة جالم  |   | أرامي فاستعند سنية                        | <del></del>           | er <u>ar</u> onie er er er er               |  |  |                 |  |                    |  |
| ERBEY, JOHN R<br>1675 PALM BEACH LAKES BLVD., STE. 10A  |   |   |                       |   | Street Address (P.O. Box Number is Not Acceptable) |  |                 |  |                    |  |
| WEST PALM BEACH FL 33401  |   |   |                       |   |  |  |                 |  |                    |  |
|   |   |   |                       | City  | ,  | 1  | FL              | Zip Code                                 | •                  |  |
| 8. The above  | named entity submits this statement for                   | r the purpose of changing its             | register              | ed office or                                | registered ager                                    | it, or both, in the State of Flo                               | orida.          |  | -                  |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |   |   |                       |   |  |  |                 |  |                    |  |
|   | anginaturo, typos or printed mante or regional or against | , to                                      |                       |   |  |  |                 |  |                    |  |
| FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of   |   |   |                       |   |  | 300003<br>-02/01<br>****                                       |                 | 365-31<br>112!<br>******!                |                    |  |
| 9.  | MANAGING MEMB   | ERS/MEMBERS                               | 10.                   | Ì   |  | ADDITIONS  | /CHANGES        |  |                    |  |
| TITLE NAME STREET ADDRESS   |   | Delete                                    |                       | E<br>Et address                             | WILLIAM<br>1675 PA                                 | R, CHRM &CEO<br>C. ERBEY<br>LM BEACH LAKES<br>LM BEACH, FL 3   | BLVD.,          | ] Change                                 | ★ Addition         |  |
| CITY-ST-ZIP   | ,   |   | _                     | -ST-ZIP <sup>L</sup>                        | PRESIDE  |  |                 | 7.0                                      | 177 h 2486         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete                                  |                       | ı   | CHRISTI<br>1675 PA                                 | NE A. REICH<br>LM BEACH LAKES<br>LM BEACH, FL 3                | BLVD.,          | Change                                   | Addition           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | Delete                                    |                       | ' '   |  |  | BLVD.,          | ] Change                                 | Addition     ∴     |  |
| TITLE NAME STREET ADDRESS : CITY-ST-ZIP   |   | ☐ Delete                                  |                       | 1   | JOHN R.<br>1675 PA                                 | VICE PRESIDENT<br>BARNES<br>LM BEACH LAKES<br>LM BEACH, FE 2   | BLVD.,          | ] Change                                 | ★ Addition         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete                                  |                       |   |  | ALIK<br>LM BEACH LAKES   | BLVD.,          | ] Change                                 | Addition Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ,   | ☐ Delete                                  | TITLE<br>NAMI<br>STRE |   | SENIOR.<br>MARK S.<br>1675 PA                      | LM BEACH, FL 3 VPG& CFO LZEIDMAN LM BEACH LAKES LM BEACH, FL 3 | BLVD.,          | 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |   |                       |   |  |  |                 |  |                    |  |