**FILED**
**Jun 05, 2002 8:00 am**
**Secretary of State**
05-12-2002 90585 004 ****50.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001743

1. Entity Name
27TH AVENUE STATION, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 23910<br>FT. LAUDERDALE FL 33307 | P.O. BOX 23910<br>FT. LAUDERDALE FL 33307 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0999495 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, PHILIP J ESQ
200 EAST LAS OLAS BOULEVARD, SUITE #1800
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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
Signature, types 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**
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

| | | |
|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MEM<br>DEEN, CURTIS<br>P.O. BOX 23910<br>FT. LAUDERDALE FL 33307 | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete |

10. ADDITIONS/CHANGES

| | | |
|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MEM<br>DEEM, Curtis<br>P.O. Box 23910<br>Ft. Lauderdale, FL 33307 | ☒ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | |

CR2E083 (9/01)

Change to spelling of last name only

DEEM

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sec
indicated on this report is true and accurate and that my signature shall have the same legal effect as if m
limited liability company or the receiver or trustee empowered to execute this report as required by Chapte

**SIGNATURE:** SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #