2001 UNIFORM BUSI[illegible]SS REPORT (UBR)

FILED
01 JUN -6 AM 7:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001994

1. Entity Name
7501 Biscayne Blvd LLC

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
7501 Biscayne Blvd	4801 South University Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 227
City & State Miami, FL	City & State Davie, FL
Zip 33138 Country	Zip 33328 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0990164 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Mark Brown
Street Address (P.O. Box Number is Not Acceptable): 4801 South University Dr
Suite 227
City: Davie, FL Zip Code 33328

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] 4.27.01
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

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-06/18/01--01033--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/D Mark Brown 2752 SW 132nd Way Davie, FL 33330 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES/D Kevin McKenna 1061 E. Wilshire Circle Pembroke Pines, FL 33027 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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 [signature] Mark B[illegible] 4-18-01 (954)252-5551