2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002058

1. Entity Name

FRANKOWITZ VENTURES, L.L.C.

FILED

01 FEB 16 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4875 NORTH FEDERAL HIGHWAY 7TH FLOOR FT. LAUDERDALE FL 33308	4875 NORTH FEDERAL HIGHWAY 7TH FLOOR FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~1150 MANOR CT.~~ →	all unchanged as above
Suite, Apt. #, etc. error sf	Suite, Apt. #, etc.
City & State ~~WESTON FLA~~ →	City & State
Zip ~~33326-2817~~ Country ~~USA~~ →	Zip Country

4. FEI Number 65-098-2210 ☐ 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
ROSENBERG, ARTHUR R 4875 NORTH FEDERAL HIGHWAY 7TH FLOOR FT. LAUDERDALE FL 33308	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, 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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stanley Frankowitz Manager 1150 Manor Court Ft.Lauderdale, FL 33325	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300003745703--0 -02/21/01--01083--023 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Stanley H. Frankowitz P.O. 1/17/01 954 384 9401

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