305 894-2868

Daytime Phone #

3/2 A/01 Date

2001 UNIFORM BUSINESS REPORT (UBR)

Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additions Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANOSELL CORPORATE SERVICES, INC. 250 ROYAL PALM WAY, STE 300 PALM BEACH FL 33480 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. (NCTE Registered Agent signature required when remaining) PALM State of Florida. SIGNATURE Signature, Typed or printed name of registered agent and title if applicable. (NCTE Registered Agent signature required when remaining) PALM State of Florida. SIGNATURE Signature, Typed or printed name of registered agent and title if applicable. (NCTE Registered Agent signature required when remaining) PALM State of Florida. SIGNATURE SIGNAT							, ,			
Principal Place of Business 730 Minkil LAKES PRIVE WEST 740 Minkil LAKES DRIVE WEST MANH LAKES PRIVE WEST MANH LAKES FIL 30016 2. Principal Place of Business Suite, Apr. #, etc. Suite, Apr. #, etc. City & State The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forida. Street Address (PO. Box Number is Not Acceptable) FILE NOW!!! FEE (IS Sto. O. Make Check Payable to Department of State PAY 117 (1) 1—01112—CICY ***Expert Agent	LUUUUUUUUUU						FILED			
TALL ANY ASSEE, FLORIDA THE NORTH THE SPACE TO NOT WRITE IN THIS SPACE TO NOT WRITE IN THIS SPACE TO NOT A PART ASSEE TO NOT WRITE IN THIS SPACE TO NOT A PART ASSEE TO NOT A PART ASSE	ANTARES CAPITAL PARTNERS III, L.L.C.						01 APR -3 PM 3: 57			
7300 MANI LAKES FI 33016 Sullo. Apt. #, etc. DO NOT WHITE IN THIS SPACE A FEI Number 65 - 09 8 43 38 Applied A FEI Number 65 - 09 8 43 38 Applied A FEI Number 65 - 09 8 43 38 Applied A FEI Number 65 - 09 8 43 38 Applied A FEI Number 65 - 09 8 43 38 Applied A FEI Number 65 - 09 8 43 38 Applied A FEI Number 65 - 09 8 43 38 Applied A FEI Number 65 - 09 8 43 38 Applied A FEI Number 65 - 09 8 43 38 Applied A FEI Number 65 - 09 8 43 38 Applied A FEI Number 65 - 09 8 43 38 Applied A FEI Number 65 - 09 8 43 38 Applied A FEI Number 65 - 09 8 43 38 Applied FILE NOW 19 FL Zip Code The above named and address of Current Registered Agent ANGELL CORPORATE SERVICES, INC. Street Address (P.O. Box Number 68 Not Acceptable) City FL Zip Code The above named and system from the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE THE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS / MEMBERS THE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES THE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES THE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES THE HAPPAGING MEMBERS / MEMBER	Principal Place of Business Mailing Address						SECRETARY OF STATE			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Country S. Certificate of Status Desired \$5.00 Additional Fee Required Fee Required ANGELL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 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 differ or registered agent, or both, in the State of Florida. SIGNATURE SIG	7900 MIAMI LAKES DRIVE WEST 7900 MIAMI LAKES DRIVI						MULANASSEE, FL	URIDA		
Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country St. Certificate of Status Desired \$5.00 Additional Fee Required Fee Required ANGELL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered differ or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name or regulated agent and title it applicable. (NOTE Registered Agent signature required or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name or regulated agent and title it applicable. (NOTE Registered Agent signature required or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name or regulated agent and title it applicable. (NOTE Registered Agent signature required or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE Signature, typed or printed name or regulated agent and title it applicable. (NOTE Registered Agent signature required agent ag				•						
City & State Country S. Certificate of Status Desired Scanding State For Registered Agent Name ANGELL CORPORATE SERVICES, INC. 250 ROYAL PALM WAY, STE 300 PALM BEACH FL 33480 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both. in the State of Florida. Signature, lipsed or prices name of imposes a upon and title it supficialities NOTE: Registered Agent in prices agent or both. in the State of Florida. Signature, lipsed or prices name of imposes a upon and title it supficialities NOTE: Registered Agent in prices agent or both. in the State of Florida. Signature, lipsed or prices name of imposes a upon and title it supficialities NOTE: Registered Agent in prices agent or both. in the State of Florida. Signature, lipsed or prices name of imposes augent and title it supficialities NOTE: Registered Agent in prices agent or both. in the State of Florida. Signature, lipsed or prices name of imposes augent and title it supficialities NOTE: Registered Agent in prices agent or both. in the State of Florida. NOTE: Registered Agent in prices agent or both. in the State of Florida. NOTE: The Note: In the State of Florida. NOTE: Registered Agent in prices agent or both. in the State of Florida. NOTE: The Note: In the State of Florida. NOTE: Registered Agent in prices agent or both. in the State of Florida. NOTE: The Note: In the State of Florida. NOTE: Registered Agent in prices agent or both. in the State of Florida. NOTE: The Note: In the	2. Principal F	Place of Business	3. Mailing Address	. Mailing Address			-†			
Country Zip Country Zip Country 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	Suite, Apt	. #, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. 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, typed or printed name of registered agent and take it applicables NOTE: Registered Agent signature required when remarking) Make Check Payable to Department of State FLE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 ADDITIONS/CHANGES SIREET ADDRESS CITY-ST-ZIP TITLE MAME Delete ITTLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP Change Change ADDITIONS (Change ADDITIONS (Change Change ADDITIONS (Change Change ADDITIONS	City & Sta	te .	City & State	City & State			4. FEI Number 65 - 0984338 Applied For Not Applicable			
ANGELL CORPORATE SERVICES, INC. 250 ROYAL PALM WAY, STE 300 PALM BEACH FL 33480 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 insolved when rentation) PARE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State PARE MAKE SIREET ADDRESS CITY-ST-2IP Delete TITLE MAKE STREET ADDRESS CITY-ST-2IP Delete TITLE MAKE STREET ADDRESS CITY-ST-2IP Delete TITLE MAKE STREET ADDRESS CITY-ST-2IP TITLE M	Zip	Country	Zip	Country		5. Certi	ficate of Status Desired			
ANGELL CORPORATE SERVICES, INC. 250 ROYAL PALM WAY, STE 300 PALM BEACH FL 33480 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE MAME STREET ADDRESS CITY-ST-ZIP MAKE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-Z		6. Name and Address of Current	Registered Agent			7. Nam	e and Address of New Register	ed Agent		
250 ROYAL PALM WAY, STE 300 PALM BEACH FL 33480 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. PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State #####\$50.00 MANAGING MEMBERS/MEMBERS TITLE NAME SIRRET ADDRESS OTT-ST-2P TITLE Delete TITLE NAME SIRRET ADDRESS OTT-ST-2P				Na	me					
250 ROYAL PALM WAY, STE 300 PALM BEACH FL 33480 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. PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State #####\$50.00 MANAGING MEMBERS/MEMBERS TITLE NAME SIRRET ADDRESS OTT-ST-2P TITLE Delete TITLE NAME SIRRET ADDRESS OTT-ST-2P	ANGELL	C+-	Street Address (DO Day Number is Net Assentable)							
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	250 ROY	311	Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Pegistered Agent signature required when retriatating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 #####\$50.00 ######\$50.00 ######\$50.00 ######\$50.00 ######\$50.00 ######\$50.00 ######\$50.00 ######\$50.00 ######\$50.00 ########\$50.00 #################################	PALM BE	EACH FL 33480		Cit	<u> </u>			□ Zip Cod	le.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				J.,						
Make Check Payable to Department of State #####\$\[\] \[\] \] \[\] \[\] #####\[\] \[\] \] \[\] \[\] #####\[\] \	SIGNATURE	Signature, typed or printed name of registered agent				when reinstati	20000399	2952		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						State				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	9.	MANAGING MEMBI	ERS/MEMBERS	10.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change A Chang	NAME STREET ADDRESS	·	☐ Delete	NAME STREET ADD	Ress 1900	ill E. Miani	Poliner Lakes Dr. West	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	name Street add	Manag Jonath 1900 Miam	ing M nan I Miami i Lake	ember Kislak Lakes Drive West S, FL 33016	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		□ Delete	name Street add	RESS			☐ Change	☐ Addition	
TITLE Delete TITLE Change	NAME STREET ADDRESS	(☐ Delete	NAME STREET ADD	1		;	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	,	☐ Delete	NAME STREET ADDI				☐ Change	☐ Addition	
TITLE Delete TITLE Change A NAME STREET ADDRESS CITY-ST-ZIP CHANGE CITY-ST-ZIP	NAME STREET ADDRESS		□ Delete	NAME Street adol	_			☐ Change	Addition	