

2001 UNIFORM BUSINESS REPORT (UBR)

001450 AF

DOCUMENT # L00000002128

1. Entity Name
CHELSEA COURT, LLC

FILED

01 JAN 22 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
12550 BISCAYNE BLVD., SUITE 215 12550 BISCAYNE BLVD., SUITE 215
NORTH MIAMI FL 33181 NORTH MIAMI FL 33181

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 65-1022052 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

GREEN, PATRICIA K
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

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 MGRM
NAME CASTLE CHELSEA CORPORATION
STREET ADDRESS 12550 BISCAYNE BLVD., SUITE 215
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME ROYAL CHELSEA CORPORATION
STREET ADDRESS 12550 BISCAYNE BLVD., SUITE 215
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (11/00)