

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002202

1. Entity Name
IRWIN, HUGHES, LANDAU, L.L.C.

Principal Place of Business

7280 WEST PALMETTO PARK RD.
STE 307N
BOCA RATON FL 33433

Mailing Address

7280 WEST PALMETTO PARK RD.
STE 307N
BOCA RATON FL 33433

FILED

FEB -9 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

LANDAU, DOUGLAS *NGRM*
7280 WEST PALMETTO PARK ROAD, STE. 307N
BOCA RATON FL 33433

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 Partner
NAME Thomas Irwin
STREET ADDRESS 7280 W. Palmetto PK Rd Ste 307N.
CITY-ST-ZIP Boca Raton, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Partner
NAME Joseph Hughes
STREET ADDRESS 7280 W. Palmetto PK Rd Ste 307N
CITY-ST-ZIP Boca Raton, FL 33433

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STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/12/01 561-394-6161 x203
Date Daytime Phone #

CR2E083 (11/00)