

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003346

1. Entity Name
CANOPUS GROUP L.L.C.

FILED

01 JAN 31 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
222 PHIPPS PLAZA
PALM BEACH FL 33480

Mailing Address
222 PHIPPS PLAZA
PALM BEACH FL 33480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
620 NW 35th Street
Suite, Apt. #, etc.

3. Mailing Address
620 NW 35th St
Suite, Apt. #, etc.

City & State
Boca Raton FL
Zip
33431
Country
USA

City & State
Boca Raton FL
Zip
33431
Country
USA

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
VAUGHAN, AMANDA
222 PHIPPS PLAZA
PALM BEACH FL 33480

7. Name and Address of New Registered Agent
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 _____ (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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Laurence E. Hogan 1/26/01 561-620-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

2015949 AF

CR2E083 (11/00)