

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004019

1. Entity Name
ADAMS STREET INVESTMENTS L.L.C.

Principal Place of Business
2116 N. DIXIE HIGHWAY
HOLLYWOOD FL 33020

Mailing Address
2116 N. DIXIE HIGHWAY
HOLLYWOOD FL 33020

FILED

2001 MAY 10 PM 3:18

DIVISION OF CORPORATIONS
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

4. FEI Number
65-1010378

Applied For
Not Applicable

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

ROUSSO, MARK E ESQ.
2875 N.E. 191 STREET PH3A
AVENTURA FL 33180

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
DOUGLAS RELICK
5480 SW 60th AVENUE
DAVIE, FL 33314

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KEN LE BLANC
1600 DEWEY STREET
HOLLYWOOD, FL 33020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004383900
-06/03/01--01040--015
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

4/20/01 (954) 922-2067