

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004394

1. Entity Name

1200 BUILDING, LLC

FILED

01 JUL 18 AM 8:47

Principal Place of Business
222 Lakeview Avenue, Suite 1700
West Palm Beach, FL 33401

Mailing Address
222 Lakeview Avenue, Suite 1700
West Palm Beach, FL 33401

SECRETARY OF STATE
PALMHASSEE, FLORIDA

2. Principal Place of Business

3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

3. Mailing Address

3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

DO NOT WRITE IN THIS SPACE

4. FEI Number

26-7800-007

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

de Guardiola, George
222 Lakeview Avenue, Suite 1700
West Palm Beach, FL 33401

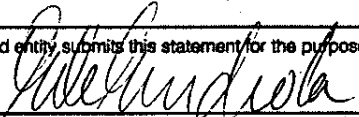
7. Name and Address of New Registered Agent

Name
de Guardiola, George
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

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



George de Guardiola

7-13-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

4000004433674-1
-07/24/01--01062--011

*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

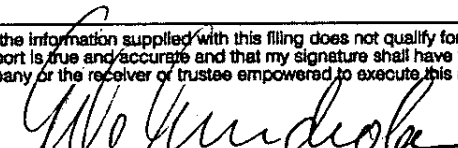
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR de Guardiola, George 222 Lakeview Avenue, Suite 1700 West Palm Beach, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR de Guardiola, George 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:



7-13-01

(561) 691-5858

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

Date

Debit/Phone #

CR2E083 (11/00)