FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2002 8:00 am DOCUMENT # L0000004441 **Secretary of State** 01-14-2002 90019 035 ****50.00 ROBERT GILLMAN, LLC Mailing Address Principal Place of Business 7001 ISLEGROVE PLACE 7001 ISLEGROVE PLACE **BOCA RATON FL 33433 BOCA RATON FL 33433** 902166 3. Mailing Address 2. Pincipal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0701778 Not Applicable \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GILLMAN, ROBERT N Street Address (P.O. Box Number is Not Acceptable) 7001 ISLEGROVE PLACE **BOCA RATON FL 33433** Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE ☐ Change Addition TITLE Delete **PRES** NAME NAME GILLMAN, ROBERT N CR2E083 STREET ADDRESS STREET ADDRESS 7001 ISLEGROVE PLACE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33433 ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete* NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ЮZ