2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000004610 DOG PROPERTIES, L.L.C.					FILED OI MAY -3 PM 1: 13				
Principal Place of Business 1948 WOODLAKE TERRACE DEERFIELD BEACH FL 33442	Mailing Address 1948 WOODLAKE TERRA DEERFIELD BEACH FL 3				,	SECRETARY OF S' TALLAHASSEE, FL		i 11 9 11 88 11 1 38 1	
2. Principal Place of Business 2801 COUNTRY CLUB BLVD Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		•			DO NOT WRITE IN TH			
City & State DEERFIELD BEACH FL	-				4. FEI Number Applied For Not Applied For Not Applicable]
33442 USA	33442 Country Zip Country 6. Name and Address of Current Registered Agent				5. Certificate of Status Desired \$5.00 Additional Fee Required 7. Name and Address of New Registered Agent				
REINSTEIN, JOEL 5355 TOWN CENTER RD, STE 801 BOCA RATON FL 33486			Street City		O. Box I	Number is Not Acceptable)	Zip Cod	ө	-
8. The above named entity submits this statement for the SIGNATURE Signature, typed or printed name of registered agent and		Registered	d Agent sign	sature required w	hen reinsta		278- 010120	2 013 5.00	
9. MANAGING MEMBER ITTLE VAME STREET ADDRESS CITY-ST-ZIP	S/MEMBERS Delete			1948	LY F	ADDITIONS/CHANGE AT VALASSIS DELAKE TERRAC ELD BEACH FL	☐ Change	Addition	5083 (11/00)
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	Delete TITLI NAM STRE			<u>.</u>	, , , , , ,	☐ Change	☐ Addition	CR2
ITTLE VAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				. =====		☐ Change	Addition	
ITLE VAME STREET ADDRESS DITY-ST-ZIP	Delete						☐ Change	Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP	☐ Delete					,	☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS CITY-ST-ZIP 1. Liberaby certify that the information supplied with the	☐ Delete	TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP		1		☐ Change	Addition	

11. Thereby certify that the information supplied with this lifting does not quality for the exemption stated in Section 1.18-07(3)(f), frontal additional 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 OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #