

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005437

1. Entity Name
PATHWAY REAL ESTATE, LC

FILED

01 APR 25 PM 5:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7605 WASHINGTON ROAD
WEST PALM BEACH FL 33405

Mailing Address
7605 WASHINGTON ROAD
WEST PALM BEACH FL 33405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
241 Royal Palm Way
Suite, Apt. #, etc.

3. Mailing Address
241 Royal Palm Way
Suite, Apt. #, etc.

City & State
Palm Beach, FL
Zip
33480
Country
USA

City & State
Palm Beach, FL
Zip
33480
Country
USA

4. FEI Number
65-1008432
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAFFERTY, WILLIAM L JR, ESQ
% RAFFERTY, GUTIERREZ & SANCHEZ-ABALLI, PA
1101 BRICKELL AVENUE SUITE 1400
MIAMI FL 33131

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

7000004163537--9
-05/08/01--01139--010
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGRUDER, SHAUN L 7605 WASHINGTON ROAD WEST PALM BEACH FL 33405	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAR Claudia S. Amlic 241 Royal Palm Way Palm Beach, FL 33480	<input type="checkbox"/> Change <input checked="" 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: _____

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

Date

Daytime Phone #

4/24/01 (501) 659-6551

0013552 AF

CR2E083 (11/00)