

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005598

1. Entity Name

CHEE 2, LLC



Principal Place of Business

1853 UNIVERSITY DR
CORAL SPRINGS FL 33071

Mailing Address

9853 N TAMAMI TRAIL #109
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

4300 N. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-106

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33351

USA

4. FEI Number 65-1011268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM G

247 NORTH COLLIER BLVD., STE 202
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

LEVIN, SPENCER & BARRIS, P.A.

Street Address (P.O. Box Number is Not Acceptable)

4300 N. UNIVERSITY DRIVE

Suite A-106

City

Fort Lauderdale

FL

Zip Code

33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

JOHN D. SPENCER, Vice Pres

1/15/03

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME TEETERS, SHAWN M
STREET ADDRESS 9853 TAMAMI TRAIL N., #109
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE MGR
NAME BROWN, BARBARA N
STREET ADDRESS 9853 TAMAMI TRAIL N., #109
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE MGR
NAME DIETRICH, DANIEL M
STREET ADDRESS 9853 TAMAMI TRAIL N., #109
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE M
NAME BERWARTO, JOE D
STREET ADDRESS 9853 TAMAMI TRAIL N., #109
CITY-ST-ZIP NAPLES FL 34108 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME HOWARD A. LEVINE
STREET ADDRESS 4325 FOX HOLLOW
CITY-ST-ZIP WESTON, FL 33331 ☐ Change ☒ Addition

TITLE MGR
NAME JESSICA S. BROWN
STREET ADDRESS 11721 West Atlantic Blvd #24
CITY-ST-ZIP Coral Springs, FL 33071 ☐ Change ☒ Addition

TITLE MGR
NAME BARBARA M BROWN
STREET ADDRESS 1040 SEMINOLE DRIVE #857
CITY-ST-ZIP Fort Lauderdale, FL 33304 ☒ Change ☐ Addition

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

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

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] HOUNSAAD LEVINE, MANAGER 1/15/03 934-749-6700

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

Date

Daytime Phone #

CR2E083 (10/02)