2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000005803

1. Entity Name

CDEEK ENTEDDDISES 110



FILED
Mar 14, 2003 8:00 am
Secretary of State
03-14-2003 90003 037 ****50.00

OREEN ENTENFRICES, L.L.O.			7				
Principal Place of Business 7000 WEST PALMETTO PARK ROAD: SUITE 490 600A RATON FE 33433	REMETTO PARK ROAD: SUITE 460 -7000 WEST-PALMETTO PARK ROAD. SUITE 460						
2. Principal Place of Business 6530 W Rogers CIRCLE (Suite Apt. #, etc.	2 3. Mailing Address 6530 W ROGERS CIRCLE (Suite) Apt. #, etc.						
City & State 1	H 31			4. FEI Number 65-1011957 Applied For			
BOCA KATON, FL	BICA KATON,	4. 1 (2) (80)	ber 65-1011357	N	ot Applicable		
33487 Country 4.5-A	33487	USA.			\$5.00 Add		
6. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. Name and R					stered Agent		
RITTER, GREGORY J ESQUIRE 105803 RITTER CHUSID BIVONA & COHEN LLP 5803 7000 W. PALMETTO PARK ROAD, SUITE 400 CREE! BOCA RATON FL 33433			Street Address (P.O. Box Number is Not Acceptable) One S.E. 3 Avenue, Suite 2400				
		City Miam	i		FL Zip Coo	33131	
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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with accept the obligations of registered agent, or both in the State of Florida. I am familiar with accept the obligations of registered agent, or both in the State of Florida. I am familiar with accept the obligations of registered agent, or both in the State of Florida. I am familiar with accept the obligations of registered agent, or both in the State of Florida. I am familiar with accept the obligation of the state of Florida. I am familiar wit							
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 Florida Department of State Due By May 1, 2003							
9. MANAGING MEMBER	RS/MANAGERS Delete	10.	NAGER	ADDITIONS/CHA 65-1011357	A/224	☐ Addition 3	
NAME LEDER, SAMUEL E STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33487	Jest Delicie	NAME LE STREET ADDRESS CITY-ST-ZIP	DER GROP 30 W. RO XA KATO	LP FNC 100'25 CIRCLE SO 100'25 CIRCLE SO 100', FL 3348	UTE#31	Acounton	
NAME BITTER, GREGORY J ESQUIRE STREET ADDRESS: TER CHUSID BIVONA & COHEN, LL CITY-ST-ZUZZOW M. ROLLSELTO BARK BOAD, SUIT	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	☐ Addition È	
TITLE TO CA FLATON FL 33433 NAME STREET ADDRESS CITY-ST-ZIP	□ Déléte	NAME STREET ADDRESS CITY-ST-ZIP			Change	- Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MICRON LEDER, SAMUEL E 6530 W ROGERS CIRCLE, #31 BOCA BATON FL 33487	□ Delete	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 1 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:

OR AUTHORIZED REPRESENTATIVE