2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000005943

2450 EAST COMMERCIAL BLDG., LLC

|--|

Apr 29, 2003 8:00 am Secretary of State 04-29-2003 90032 012 ****50.00

City & State City & State City & State City & State Country Country Country Country Country Country S. Certificate of Status Desired Status Desired Status Desired Status Desired Status Desired States Desired Desired States Desired States Desired Desired States Desired						—					
### ALDERDALE FL 33008 Principal Place of Business 3. Mailing Address	Principal Place	e of Business	Mailing Addres	Mailing Address							
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGE City & State City & State City & State 4. FEI Number 65-1013287 Zip Country Zip Country 5. Certificate of Status Desired \$5.00 / Fee Required Makes of Current Registered Agent 7. Name and Address of New Registered Agent Name							111: 811 88111 88111 FB111 88111 88	111 88 11 4618	. eiife (eiif eii	i i i ihir h ar e	
City & State Country Country Country S. Certificate of Status Desired \$5.00 A \$5.00 A \$5.00 A Street Address of New Registered Agent NAME STE 210-A, 4800 NORTH FEDERAL HWY BOCA RATON FL 33431 City FL City Chang MAME STREET ADDRESS CITY-ST-2P BOCA RATON FL TILE City Chang MAME STREET ADDRESS CITY-ST-2P City Chang MAME STREET ADDRESS CITY-ST-2P BOCA RATON FL TILE City Chang MAME STREET ADDRESS CITY-ST-2P City Chang MAME STREET ADDRESS STREET ADDRES	2. Principal Pla	ace of Business	3. Mailing Addr	3. Mailing Address							
Zip Country Zip Country 5. Certificate of Status Desired See Requ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORE, W. RODGERS STE 210-A, 4800 NORTH FEDERAL HWY BOCA RATON FL 33431 City FL Zip Ci 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 wit the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when reinstating) 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 PDT SCHIPANI, WILLIAM R 2899 NW 24TH TERR STREET ADDRESS CITY-SI-ZIP BOCA RATON FL TITLE UD cleite TITLE WME STREET ADDRESS CITY-SI-ZIP BOCA RATON FL Chang MAME STREET ADDRESS CITY-SI-ZIP BOCA RATON FL Chang MAME STREET ADDRESS STRE	Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
S. Certificate of Status Desired Fee Required F	City & State	9	City & State	City & State			4. FEI Number 65-1013287 Applied For Not Applicable				
MOORE, W. RODGERS STE 210-A, 4800 NORTH FEDERAL HWY BOCA RATON FL 33431 City City FL Zip Ci City FL FL FL FL FL FL FL FL FL F	Zip	Country Zip C			Country	5. Certificat	5. Certificate of Status Desired				
MOORE, W. RODGERS STE 210-A, 4800 NORTH FEDERAL HWY BOCA RATON FL 33431 City City FL Zip Ci S. 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 colligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable Wake Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME SCHIPANI, WILLIAM R 2899 NW 24TH TERR CITY-ST-ZIP BOCA RATON FL TITLE NAME SIREET ADDRESS CITY-ST-ZIP BOCA RATON FL Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP BOCA RATON FL CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP BOCA RATON FL CHANGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL Chang Cha	6. Name and Address of Current Registered						d Address of New Reg	Istered Ag	ent		
STE 210-A, 4800 NORTH FEDERAL HWY BOCA RATON FL 33431 City City FL Zip Ci City FL City FL Signature, typed or printed name of registered agent and bild if applicable (NOTE: Registered Agent signature required when reinstating) 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 Delete NAME SCHIPANI, WILLIAM R SIREET ADDRESS CITY-ST-ZIP BOCA RATON FL TITLE Delete TITLE Delete TITLE NAME SCHIPANI, JUDITH L STREET ADDRESS CITY-ST-ZIP BOCA RATON FL TITLE Delete TITLE NAME SCHIPANI, JUDITH L STREET ADDRESS CITY-ST-ZIP BOCA RATON FL TITLE Delete TITLE NAME STREET ADDRESS	1400	NOT WE DODOCTOR	•		Name,	نود ^{ا منائ} د <i>ماناسوگ</i> ست.		بعدد فالمصود يبدر سترجب			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and bille if applicable (NOTE Registered Agent signature required when reinstating) DATE	STE 210-A, 4800 NORTH FEDERAL HWY					ess (P.O. Box Numb	per is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE					City			FI.	Zip Code	· •	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			for the purpose of ch	anging its regi	stered office or regi	istered agent, or b	oth, in the State of Florid		niliar with,	and accept	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME SCHIPANI, WILLIAM R STREET ADDRESS CITY-ST-ZIP ITILE VD Delete TITLE NAME SCHIPANI, JUDITH L STREET ADDRESS CITY-ST-ZIP TITLE VD Delete TITLE NAME SCHIPANI, JUDITH L STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRES	ū	ons or registered agent.									
Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE PDT Delete TITLE SCHIPANI, WILLIAM R STREET ADDRESS CITY-ST-ZIP BOCA RATON FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SIGNATURE _	Signature, typed or printed name of registered agen	and title if applicable	(NOTE: Reg	istered Agent signature req	quired when reinstating)		DATE			
Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE PDT Delete TITLE SCHIPANI, WILLIAM R STREET ADDRESS CITY-ST-ZIP BOCA RATON FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				FILE NOW!	UL FEE IS \$50 C	nn					
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE PDT Delete TITLE SCHIPANI, WILLIAM R STREET ADDRESS CITY-ST-ZIP BOCA RATON FL TITLE VD SCHIPANI, JUDITH L STREET ADDRESS CITY-ST-ZIP TITLE VD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SCHIPANI, JUDITH L SCHIPANI, JUDITH L STREET ADDRESS CITY-ST-ZIP TITLE DELET DELET DELET CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELET DELET STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS S			Make Chec		··· · —— ·- • · · · ·	L					
TITLE PDT Delete TITLE NAME SCHIPANI, WILLIAM R STREET ADDRESS CITY-ST-ZIP BOCA RATON FL TITLE VD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL TITLE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		•		-	-						
TITLE PDT Delete TITLE NAME SCHIPANI, WILLIAM R STREET ADDRESS CITY-ST-ZIP BOCA RATON FL TITLE VD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL TITLE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9. MANAGING MEMBERS/MANAGERS 10.						ADDITIONS/CH	HANGES			
NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON FL TITLE NAME STREET ADDRESS CITY-ST-ZIP SCHIPANI, JUDITH L STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS)elete	····				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					NAME						
TITLE VD Delete TITLE NAME SCHIPANI, JUDITH L STREET ADDRESS CITY-ST-ZIP BOCA RATON FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS	STREET ADDRESS										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP	BOCA RATON FL			CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP 2899 NW 24TH TERR BOCA RATON FL TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE	VD		Delete	TITLE				Change	☐ Addition	
CITY-ST-ZIP BOCA RATON FL TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS											
TITLE NAME STREET ADDRESS Delete TITLE Change Ch											
NAME STREET ADDRESS STREET ADDRESS		BOCA RATON FL							Change	Addition	
STREET ADDRESS STREET ADDRESS		-	[Delete					T. Cusuds	Audition	
					CITY-ST-ZIP						
TITLE Delete TITLE Change	TITLE	· · · · · · · · · · · · · · · · · · ·		Delete	TITLE		•		Change	☐ Addition	
NAME NAME	NAME				NAME						
STREET ADDRESS STREET ADDRESS	STREET ADDRESS										
CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP				CITY-ST-ZIP						
				Delete		٠		<u>-</u>	Change	Addition	
NAME NAME											
CODEL ANNUACC I	STREET ADDRESS	,			STREET ADDRESS						
		<u> </u>							Chenge	Addition	
CITY-ST-ZIP CITY-ST-ZIP	TITLE	•	Li	Delete					change		
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change	NAME				BONE						
CITY-ST-ZIP CITY-ST-ZIP					STREET ADDRESS						

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.