

2001 UNIFORM BUSINESS REPORT (UBR)

0014572 AF

DOCUMENT # L00000006748

1. Entity Name
BE/ITHACA, L.L.C.

FILED

01 MAR 14 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4305 NW 24TH WAY
BOCA RATON FL 33431

Mailing Address

4305 NW 24TH WAY
BOCA RATON FL 33431

2. Principal Office
% Atlantia Holdings
910 S.E. 17th St., Suite 300
Ft. Lauderdale, FL 33316

3. Mailing Office
% Atlantia Holdings
910 S.E. 17th St., Suite 300
Ft. Lauderdale, FL 33316

4. FEI Number
65-1034717
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MACLAREN, LINDA O
798 S FEDERAL HWY
SUITE 100
BOCA RATON FL 33432

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

400003891354--3
--03/21/01--01112--017
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME MGRM
STREET ADDRESS ECONOMOS, NICHOLAS
CITY-ST-ZIP 4305 NW 24TH WAY
BOCA RATON FL 33431 ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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]* Mary Newman 1-22-01 (954) 522-6663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)