

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90343 001 ***250.00

DOCUMENT # L00000006748

1. Entity Name

BE/ITHACA, L.L.C.

Principal Place of Business

**910 S.E. 17TH STREET, SUITE 300
 C/O ATLANTIA HOLDINGS
 FORT LAUDERDALE FL 33316**

Mailing Address

**910 S.E. 17TH STREET, SUITE 300
 C/O ATLANTIA HOLDINGS
 FORT LAUDERDALE FL 33316**

2. Principal Place of Business

4305 N.W. 24th Way

Suite, Apt. #, etc.

3. Mailing Address

4305 N.W. 24th Way

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

4. FEI Number

65-1034717

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BLACKBURN, ACE J JR.
 2312 WILTON DRIVE
 FORT LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent

Name

Linda O. MacLaren

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

798 So. Federal Hwy., Suite 100

City

Boca Raton

FL

Zip Code
33432

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

Linda O. MacLaren
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/02
 DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/19/02 561-395-4000
 Date Daytime Phone #

CR2E083 (9/01)