2001 UNIFORM BUSINESS REPORT (UBR)

000068890 AF

DOCUMENT # L00000007165

1. Entity Name

800 SOUTH FEDERAL HIGHWAY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 19 PM 2:44

Principal Place of Business	Mailing Address
~~2131 HOLLYWOOD BLVD., STE. #102~~ ~~HOLLYWOOD FL 33020~~	~~2131 HOLLYWOOD BLVD., STE. #102~~ HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 S. Federal Hwy	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, FL	City & State
Zip: 33020 Country	Zip Country

4. FEI Number 65-1017972 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VITALE, GREGORY ~~2131 HOLLYWOOD BLVD., STE. #102~~ HOLLYWOOD FL 33020	Name: SAME Street Address (P.O. Box Number is Not Acceptable): 800 S. Federal Hwy City: Hollywood **FL** Zip Code: 33020

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 _____ DATE 3/15/01
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 Department of State
MAY I

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VITALE, GREGORY 2131 HOLLYWOOD BLVD., STE. #102 HOLLYWOOD FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 800 S. Federal Hwy Hollywood, FL 33020
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MILLER, LEONARD E 2131 HOLLYWOOD BLVD., STE. #102 HOLLYWOOD FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 800 S. Federal Hwy Hollywood, FL 33020
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003929638--1 -03/29/01--01078--011 *****50.00 *****50.00
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
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CR2E083 (11/00)

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 REQUIRED 1/15/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #