FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am Secretary of State **DOCUMENT #** L00000007251 1. Entity Name 05-22-2002 90271 008 \*\*\*\*50 00 D & N REAL ESTATE HOLDINGS, L.L.C. Principal Place of Business Mailing Address 7860 PETERS RD., STE. F-110 7860 PETERS RD., STE, F-110 PLANTATION FL 33324 PLANTATION FL 33324 967323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1018619 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAHAN, RICHARD J ESQ. Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI FL 33126-2065 City 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 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 Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE □ Delete TITLE ☐ Change ☐ Addition CR2E083 (9/01) NAME SEDLEY, RONALD NAME STREET ADDRESS 7343 BALLANTRAE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33496-1423 TITLE ☐ Delete TITLE ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE \_ \_ \_ Delete TITLE ☐ Change Addition 化过滤性 的复数建筑 NAME NAME STREET ADDRESS STREET ADDRESS CITY IST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 emowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

SIGNATURE:

Daytime Phone #