2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name DELAWARE-SANDUSKY, LLC OI FEB 22 PN 4: 50 SECRETARY OF STATIL TALLAHASSEE, FLORIDA WESTON R. 13356 NIGER OR WESTON R. 13356 WESTON R. 23326 2. Principal Place of Business Suite, Apt. #. etc. City & State DO NOT WRITE IN THIS SPACE A. FEI Number Address of New Registered Agent DAVIS, JAMES B BERGER DAVIS & SINGERMAN 350 E LAS OLAS BLVD SUITE 1000 FT LAUDERDALE FL 33301 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 SIGNATURE FULL HOW!!! FEE IS \$50.00 Make Check Payable to Department of State DAVIS, JAMES B SIGNATURE SIGNATURE FULL HOW!!! FEE IS \$50.00 Make Check Payable to Department of State DAVIS AGENT AGENT STATIL THE NOW! SIGNATURE FULL HOW!!! FEE IS \$50.00 Make Check Payable to Department of State DEPART OF STATIL THE NOW! SIGNATURE SIGNATURE FULL HOW!!! FEE IS \$50.00 Make Check Payable to Department of State Delete TITLE MAKE SIGNATURES S					·	_					
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAVIS, JAMES B BERGER DAVIS & SINGERMAN 350 E LAS OLAS BLYD SUITE 1000 FI LAUDERDALE FL 33301 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. SIGNATURE SIGNATURE SIGNATURE MANAGING MEMBERS/MEMBERS MANAGING MEMBERS/MEMBERS MANAGING MEMBERS/MEMBERS ID. ADDITIONS/CHANGES ITILE MANAGING MEMBERS/MEMBERS MANAGING MEMBERS/MEMBERS ID. ADDITIONS/CHANGES CITY-S1-2P MANAGING MEMBERS/MEMBERS ITILE MANAGING MEMBERS/MEMBERS/MEMBERS ITILE MANAGING MEMBERS/MEMBERS/MEMBERS/MEMBERS ITILE MANAGING MEMBERS/MEM	Zip	Country	Zip	Zip Country			lengitibha 00 22				
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BEHER LAVINS SINCE-IMMAN 350 E LAS OLAS BLVD SUITE 1000 FT LAUDERDALE FL 33301 8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. SIGNATURE City FORT LAUDERDALE I Zig 99994	,				Street Address (P.O. Box Number is Not Acceptable)						
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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 Signa			City CODE TATION DATE								
SIGNATURE Signature. Typid or printed name of registered agent and this if applicable. (NOTE Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2			ant for the purpose of changing	its registers					1 3333	<u>. </u>	
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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	ad therefore	certify that the information supplied	d with this filing does not qualify	for the eve	motion stated in	Section 119.	07(3)(i), Florida Statutes	I further certi	fy that the ir	nformation	