LIMITED LIABILITY COMPANY

**FILED** Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90081 013 \*\*\*\*55.00

UNIFORM BUSINESS REPORT	KŲI	BR

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DOCUMENT # L00000008123

SOUTHLAND CENTERS, LLC



D	O NOT WRITE	IN THIS	SPACE			
2. Principal Place	of Business	3. Mailing Address				
2101 Centrepark West Drive		2101 Centrepark West Drive		<u>e</u>		
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100		DO NOT WRITE IN THIS SPACE		
		City & State		4. FEI Number	4. FEI Number Applied For	
City & State West Palm Beach, FL		West Palm Beach, FL		65-1025156   Not Applicat		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
33409	USA	33409	USA	7. Name and Address of Current Reg	gistered Agent	
	DO NOT W IN THIS SP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Street Addres 12765 F	. de Mendoza, III, P.A ss (P.O. Box Number is Not Acceptable) orest Hill Boulevard,	Suite 1302  FL Zip Code 33414	
the obligations	ned entity submits his statement to sol registered as the party of registered position in the party of registered positions in the party of registered position	y, Mari		a, III, President	1/22/03 DATE	
		DO (MANIA OF DE	T. S. LEW THE TAX TO SEE TO	#18   (17 6 7 14 17 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1		
NAME B STREET ADDRESS 2	MANAGING MEMBE GRM ENTZ, ROBERT A 101 Centrepark Wes est Palm Beach, FI	t Dr., #100	NAME STREET ADDRESS CITY ST-2IP			
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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 limited liability company or indicated or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

, Robert A. Bentz, Manager NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

561/478-8501

Daytime Phone #