2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	MENT# LOO ne ARE L.L.C.	000009044		FILED		
				01 JUN 13 AM 10:	U5	
Principal Place of Business Mailing Address 3465 WINDMILL RANCH ROAD 3465 WINDMILL RANCH ROAD WESTON FL 33331 WESTON FL 33331			ROAD .	SECRETARY OF STATALLAHASSEE, FLOR	ŤE A GO 	
Principal Place of Business						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE 4. FEI Number V Applied For	
City & State		City & State	,		Applied For Not Applicable	
Zip	Country	Zip ** '	Country —	5. Certificate of Status Desired	55.00 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
CHERRY, RICHARD G						
1665 PALM BEACH LAKES BLVD, SUITE 600 Street Address (P.O. Box Number is Not Acceptable)					9)	
WEST PALM BEACH FL 33401						
	11 /	///	City		FL 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 (sepsistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State						
9.	7.4	IEMBERS/MEMBERS	10.	ADDITIONS	CHANGES	
NAME STREET ADDRESS	PRESIDENT CANDACE ATKI 3465 WINDMIN	NS Delete	TITLE NAME STREET ADDRESS	•	- Change Addition	
CITY-ST-ZIP TITLE	WESTON, FL	3333 /	CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP		. □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition 4333539 /0101004001 /50.00 ******50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- Addition	Change Addition	
NAME AND 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE.						