

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009174

1. Entity Name

PREFERRED CORAL SPRINGS I, LLC

FILED

01 SEP 10 PM 12:17

Principal Place of Business

3111 NORTH UNIVERSITY DRIVE, SUITE 431
CORAL SPRINGS FL 33065

Mailing Address

3111 NORTH UNIVERSITY DRIVE, SUITE 431
CORAL SPRINGS FL 33065

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

1020

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

1020

City & State

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALDOVIN, SARAGA & LIPSHY, P.A.
201 N.E. FIRST AVENUE
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 of registered 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
Due By September 26, 2001

200004603872--3
-09/21/01--01037--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PREFERRED EXCHANGE TOWER, LLC
STREET ADDRESS 3111 NORTH UNIVERSITY DRIVE, SUITE 431
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 REQUIRED

9/6/01

954 340 920

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

Date

Daytime Phone #

CR2E083 (5/01)

STATE USE ONLY HERE