

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009251

1. Entity Name

PBG LAND PARTNERS, L.L.C.

Principal Place of Business

Mailing Address

2419 E. COMMERCIAL BLVD., SUITE 200
FORT LAUDERDALE FL 33308

2419 E. COMMERCIAL BLVD., SUITE 200
FORT LAUDERDALE FL 33308

2. Principal Place of Business

c/o Gerald Greenspoon

3. Mailing Address

c/o Gerald Greenspoon

Suite, Apt. #, etc.

100 W. Cypress Creek, #700

Suite, Apt. #, etc.

100 W. Cypress Creek, #700

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33309

USA

33309

USA

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J
100 WEST CYPRESS CREEK ROAD, SUITE 700
GREENSPOON, MARDER HIRSCHFIELD
FORT LAUDERDALE FL 33309

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

Nov. 5 2001

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LABERT, DANIEL
STREET ADDRESS 2419 E. COMMERCIAL BLVD., SUITE 200
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☐ Delete

TITLE MGR
NAME VERRILLO, JAMES
STREET ADDRESS 2419 E. COMMERCIAL BLVD., SUITE 200
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☐ Delete

TITLE MGR
NAME SHEEHAN, KEVIN
STREET ADDRESS 2419 E. COMMERCIAL BLVD., SUITE 200
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☒ Delete

TITLE MGR
NAME GREENSPOON, GERALD
STREET ADDRESS 2419 E. COMMERCIAL BLVD., SUITE 200
CITY-ST-ZIP FORT LAUDERDALE FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE Member
NAME Lambert, Daniel
STREET ADDRESS 2419 E. Commercial Blvd., Suite 100
CITY-ST-ZIP Fort Lauderdale, FL 33308

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 REQUIRED

October 17, 2001

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

Date

Daytime Phone #

FILED

01 NOV -9 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1029289

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

0004505

CR2E083 (5/01)

STAPLE CHECK HERE