2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009372

1. Entity Name

NORIC PANAMA CITY BEACH LLC

Principal Place of Business	Mailing Address
2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129	2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	
Zip	Country	Zip	Country

4. FEI Number 65 - 1039590   Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVID, MARY ANN Y ESQ. 2333 BRICKELL AVE., SUITE D-1 MIAMI FL 33129	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

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300004423323---4
-06/18/01--01002--015
*****50.00  *****50.00
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9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE *Manager* NAME RICHARD OLSEN STREET ADDRESS 2333 Brickell Ave. Suite D-1 CITY-ST-ZIP Miami, Fl. 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE *Manager* NAME Norman S. Rosen STREET ADDRESS 2333 Brickell Ave. Suite D-1 CITY-ST-ZIP Miami, Fl. 33129	☐ 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
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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: _____ Norman S. Rosen   2/20/01   305.859.4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #