## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000009445										, ödd ,
INTERSTATE OFFICE PARK, L.C.								6		Ą
Principal Plac	Principal Place of Business Mailing Address						OIFEB 16 PH 4: 27			
1600 SOUTH FEDERAL HIGHWAY. TENTH FLOOR POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062					TENTH FLOOR	T	SECRETARY OF STAT ALLAHASSEE, FLORI	E DA		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	e		City & State			4. FEIN	4. FEI Number Applied For Not Applicable			
Zip Country		Country	Zip	Coun	itry		ificate of Status Desired	\$5.00 Add	litional	
· · · · · · · · · · · · · · · · · · ·	6. Name	and Address of Current	Registered Agent		- Nome	7. Nam	e and Address of New Registered	Agent		
MCCRORY, J. WALTER Street Add						e (PO Boy N	Jumber is Not Acceptable)			-
1512 EAST BROWARD BOULEVARD, SUITE 200					Street Address (P.O. Box Number is Not Acceptable)					1
FORT LA	UDERDALE	FL 33301			City	FL Zip Code				
8. The above	named entit	y submits this statement fo	r the purpose of changing i	ts registere	d office or regis	stered agent,	or both, in the State of Florida.	-		
SIGNATURE										
SIGNATURE :	Signature, typed	or printed name of registered agent	and title if applicable. (NO	OTE: Registere	d Agent signature requ	uired when reinstat	ing) DATE			
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State										
9.		MANAGING MEMBI	ERS/MEMBERS	10.	-		ADDITIONS/CHANGES	<u></u>		-
TITLE	MGRM Delete				E .			Change	Addition	(00/
NAME STREET ADDRESS CITY-ST-ZIP	1600 SO	IGE, NILE R M.D. UTH FEDERAL HIGHWA O BEACH FL 33062	Y. IENIH FLOUR		E ET ADORESS - ST-ZIP		900003757699 -02/23/0101033007 ****150.00 *****150.0			RZE083 (11/00)
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NAME STREET ADDRESS				NAM STRE	EET ADDRESS					
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NAME			L. Delete	NAM	E			Change		
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP					
TITLE NAME			☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS				STRE	ET ADDRESS		•			
CITY-ST-ZIP	,		☐ Delete	TITLE	-ST-ZIP	,	·	☐ Change	☐ Addition	-
NAME STREET ADDRESS	٠		. •	NAM STRE	E ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
NAME			☐ Delete	TITLE NAM			;	□ Change	☐ Addition	
STREET ADORESS CITY-ST-ZP		·			ET ADDRESS - ST-ZIP					
indicated	on this repo	rt is true and accurate and	that my signature shall have	e the same	e legal effect as	if made unde	07(3)(i), Florida Statutes. I further ce r oath; that I am a managing memb	rtify that the ir er or manage	formation r of the	
ilmited lia	bility compa	ny or the receiver or trustee	e empowered to execute the	s report as	required by Ch	apter 608, Flo	orida Statutes.		*	
SIGNAT		AND TYPED OR PRINTIPOLISME O	URE REQU F SIGNING MANAGING MEMBER, M			ESENTATIVE	9/12/01 Date	Daytime Phone #	<del>.</del>	