2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010479

1. Entity Name
MANAGEMENT PROPERTIES OF SOUTH FLORIDA, LLC

FILED
01 APR 27 PM 6:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE MJH

2. Principal Place of Business	3. Mailing Address
859 E. JEFFERY ST	7491 N. FEDERAL HWY
Suite, Apt. #, etc.: 505-2	Suite, Apt. #, etc.: C-5 STE 159
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. FEI Number: 65-103729Y ☐ 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
LARRY V. BISHINS [redacted] 4348 N. FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	Name: MARTIN WEISBERG Street Address (P.O. Box Number is Not Acceptable): 859 E JEFFERY ST 505-2 City: BOCA RATON FL Zip Code: 33487

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] MARTIN WEISBERG 4/25/01
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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER KAREN WEISBERG 859 E. JEFFERY ST 505-2 BOCA RATON, FL 33487	☐ 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	500004220875--6 -05416701--01120--010 *****50.00 *****50.00	☐ Change ☐ Addition
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CR2E083 (11/00)

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: Karen Weisberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #