


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90691 033 ****50.00

DOCUMENT # L0000010479					
1. Entity Name MANAGEMENT PROPERTIES OF SOUTH FLORIDA, LLC					
Principal Place of Business 859 E. JEFFERY ST., #505-2 BOCA RATON, FL 33487		Mailing Address 7491 N. FEDERAL HWY., #C-5, SUITE 159 BOCA RATON, FL 33487			
2. Principal Place of Business 7491 N. FEDERAL HWY Suite, Apt. #, etc. C-5 # 159		3. Mailing Address 7491 N. FEDERAL HWY Suite, Apt. #, etc. C-5 # 159			
City & State BOCA RATON FL		City & State BOCA RATON FL		4. FEI Number 65-1037294 Applied For <input type="checkbox"/> Not Applicable	
Zip 33487 Country		Zip 33487 Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEISBERG, MARTIN 859 E. JEFFERY ST., #505-2 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7491 N. FEDERAL HWY C-5 # 159 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Martin Weisberg</i> <small>Signature, typed or printed name of registered agent and fee if applicable.</small>			DATE 04/30/03 <small>(NOTE: Registered Agent signature required when amending)</small>		
<p>FILE NOW!! - FEE IS \$60.00 Make Check Payable to Florida Department of State Due by May 1, 2003</p>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISBERG, KAREN 859 E. JEFFERY ST., #505-2 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISBERG, MARTIN 859 E JEFFERY STREET #505-2 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Martin Weisberg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 4/30/03 <small>Date</small> <small>Daytime Phone #</small>		

CR2E083 (10/02)