

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90041 012 ****55.00

DOCUMENT # L00000011059

1. Entity Name

ABERDEEN OFFICE AND RETAIL SITES, L.C.

Principal Place of Business

551 N.W. 77TH ST., STE. 109
 BOCA RATON FL 33487

Mailing Address

551 N.W. 77TH ST., STE. 109
 BOCA RATON FL 33487

2. Principal Place of Business

7806 Charney Lane
 Suite, Apt. #, etc.

3. Mailing Address

7806 Charney Lane
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-1040187

Applied For

Not Applicable

Zip

33496 Palm Beach

Zip

33496 Palm Beach

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUSI, SAMUEL
 551 N.W. 77TH ST., STE. 109
 BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name Susi, Samuel
 Street Address (P.O. Box Number is Not Acceptable) 7806 Charney Lane
 City Boca Raton FL Zip Code 33496

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM
 SUSI, SAMUEL ☐ Delete
 STREET ADDRESS 551 N.W. 77TH ST., STE. 109
 CITY-ST-ZIP BOCA RATON FL 33487

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS 7806 Charney Lane
 CITY-ST-ZIP Boca Raton, FL 33496

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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**

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

2/14/02 (561)997-2700

Date Daytime Phone #

CR2E083 (9/01)