

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011906

1. Entity Name  
LEDER NEWPORT COMMONS, L.L.C.

Principal Place of Business  
1166 WEST NEWPORT CENTER DRIVE, SUITE 114  
DEERFIELD BEACH FL 33442

Mailing Address  
1166 WEST NEWPORT CENTER DRIVE, SUITE 114  
DEERFIELD BEACH FL 33442

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

#### 6. Name and Address of Current Registered Agent

RITTER, GREGORY J  
7000 W. PALMETTO PARK ROAD, SUITE 400  
BOCA RATON FL 33433

4. FEI Number  
264-52-0772

Applied For  
Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

#### 7. Name and Address of New Registered Agent

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

#### 9. MANAGING MEMBERS/MEMBERS

TITLE      Managing Member       Delete  
NAME      SAMUEL E. LEDER  
STREET ADDRESS      6530 W. Rogers Circle, #31  
CITY-ST-ZIP      Boca Raton, FL 33487

#### 10. ADDITIONS/CHANGES

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000004416141-1  
-06/12/01-01065-004  
\*\*\*\*\*50.00      \*\*\*\*\*50.00

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
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

Date

Daytime Phone #

0015215 AF

CR2E083 (11/00)