2001 UNIFORM BUSINESS REPORT (UBR)

MALAYOME FL 33099 MALA	DOCUMENT # L0000012260 1. Entity Name ATLANTIC REAL ESTATE DEVELOPMENT, L.L.C.								FILED OI APR 12 AM 8: 42						
Sulfa. Apt. 6, etc. Sulfa. Ap	1150B EAST	HALLANDALE E	BEACH BOULEVARD	1150B EA	1150B EAST HALLANDALE BEACH BOULEVARD				SECRETARY OF STATE TALLAHASSEE. FLORIDA						
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Zip Country Zip Country 5. Certificate of Status Desired Status De	Suite, Apt.	#, etc.	,					65-1049782						_	
8. Name and Address of Current Registered Agent Some and Address of Current Registered Agent	City & State	е	City & State					i fein	umber - / () 4	978	2			e	
Name Street Address (P.O. Box Number is Not Acceptable).	Zip Country			Zip Cour			try								
Street Address (PO. Box Number is Not Acceptable).		6. Name a	and Address of Current	l Registered A	gent			. 7	'. Name	and Addres	s of New I	Registered	·		
20801 BISCAYNE BOULEVARD, SUITE 501 AVENTURA FL 33180 City FL Zip Code 8. The above named enthy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Si	LTOROLO MODIMAN FOCUERS														_
AVENTURA FL 33180 City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, hoped or preted name of registered agent and title 4 registeries. INCIE Registered Agent agreetive requires required aren interesting) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State INTLE MANAGING IMEMBERS/MEMBERS INTLE MANE SIRET ADDRESS CITY-51-2P INTLE Delete INTLE MANE SIRET ADDRESS CITY-51-2P INTLE MANE SIRE	•						Street A	et Address (P.O. Box Number is Not Acceptable).							
3. 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. Control	·														
SIGNATURE Speaker, typed or protect name or required agent and site if expectable. THE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State							City					FI	Zip Cod	le	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Payable to Department of State Payable to Department of St	8. The above	named entity	submits this statement fo	r the purpose	of changing its re	gistere	ed office o	r registered	agent, c	r both, in the	State of FI	orida.			
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9. MANAGING MEMBERS 10. ADDITIONS/CHANGES TITLE NAME SIREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition ADDITIONAL STATEMAN ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP Change Addition ADDRESS CITY-ST-ZIP ADDRESS CI		Signature, typed or	printed name of registered agent	and title if applicable	e. (NOTE: R	egistere	d Agent signat	ture required whe	n reinstatin			IDSI	5 50 8	4	-
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