

2001 UNIFORM BUSINESS REPORT (UBR)

0015988 AF

DOCUMENT # L00000012742

1. Entity Name
CDR PRESIDENTIAL, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 3:12

Principal Place of Business
1801 SOUTH FEDERAL HWY.
DELRAY BEACH FL 33483

Mailing Address
1801 SOUTH FEDERAL HWY.
DELRAY BEACH FL 33483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2424 N Federal Highway

3. Mailing Address
2424 N Federal Highway

Suite, Apt. #, etc.
Suite 159

Suite, Apt. #, etc.
Suite 159

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number
65-1047839

Applied For
Not Applicable

Zip
33431

Country
USA

Zip
33431

Country
USA

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

6. Name and Address of Current Registered Agent

MULLER, CHARLES E II
9350 S. DIXIE HWY., STE. 1550
MIAMI FL 33156

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 _____ (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	Member, Pres Carl DeSantis 2424 N Federal Highway Boca Raton, FL 33431	<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	Member, VP, Sec Richard Werber 2424 N Federal Highway Boca Raton, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003888496--5 -03/20/01--01077--025 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member, Pres Damon DeSantis 2424 N Federal Highway Boca Raton, FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: M. DeSantis RICHARD WERBER VP 2/20/01 561-395-7588

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

Date

Daytime Phone #

CR2E083 (11/00)