

2002 UNIFORM BUSINESS REPORT (UBR)

**L00000012759**

0008935

DOCUMENT # L00000012759

1. Entity Name  
45 VALENCIA AVENUE, L.L.C.

FILED

02 OCT 28 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 8903 GLADES ROAD SUITE A-8 BOCA RATON FL 33434  
Mailing Address: 8903 GLADES ROAD SUITE A-8 BOCA RATON FL 33434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3. Mailing Address

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

City & State  
City & State

4. FEI Number 65-1133429 Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
CORPDIRECT AGENTS  
103 NORTH MERIDIAN STREET  
TALLAHASSEE FL 32315

7. Name and Address of New Registered Agent  
Name: NEEDLEMAN, ARNOLD MD  
Street Address (P.O. Box Number is Not Acceptable): 8903 GLADES ROAD # A-8  
City: BOCA RATON FL Zip Code: 33434

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: *Arnold Needleman* 10/4/02  
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 September 25, 2002

100008379961--8  
-10/15/02--01065--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR NAME: NEEDLEMAN, ARNOLD STREET ADDRESS: 8903 GLADES ROAD SUITE A-9 CITY-ST-ZIP: BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE: MGR NAME: STERNBERG, ALAN STREET ADDRESS: 8903 GLADES ROAD CITY-ST-ZIP: BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: MGR NAME: NEEDLEMAN, ARNOLD MD STREET ADDRESS: 8903 GLADES ROAD A-8 CITY-ST-ZIP: BOCA RATON FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: MGR NAME: STERNBERG, ALAN STREET ADDRESS: 8903 GLADES ROAD A-8 CITY-ST-ZIP: BOCA RATON FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT 2002**

*BRK*

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: *Arnold Needleman* 10/4/02 561-218-9011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CRE083 (4/02)