## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000013742

Entity Name

ANDREWS CORPORATE CENTER, LLC

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

3200 S. ANDREWS AE., STE. 106 FT LAUDERDALE FL 33316 Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

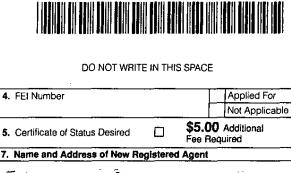
3200 S. ANDREWS AE., STE. 106

FT LAUDERDALE FL 33316

FILED

OI APR 18 PM 2: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA



FITZGERALD, DEBRA 3200 S. ANDREWS AE., STE. 106 FT LAUDERDALE FL 33316

Country

6. Name and Address of Current Registered Agent

		r ee rieduned			
	7. Name and	Address of New Re	gistered Ag	ent	
Name .	·	2			
Street Address	(P.O. Box Numbe	r is Not Acceptable)			
				Codo	<u>-</u>
City			FL	Zip Code	_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstaling)

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.

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Country

900004077729--5 -04/25/01--01078--005 \*\*\*\*\*50.00 \*\*\*\*\*50.00

ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. ☐ Delete TITLE Change ☐ Addition TITLE FITZGERALD SIGNATURE HOMES, INC. NAME NAME 3200 S. ANDREWS AE., STE. 106 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME -NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME .\* NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: OSGNA Fitz Male LE

954-523-8210

Date