

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015906
AF

DOCUMENT # **L00000013885**

1. Entity Name
FLA DEVELOPMENTS, LLC

01 APR 27 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O EDWARDS & ANGELL LLP 250 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480	Mailing Address C/O EDWARDS & ANGELL LLP 250 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Gregory, Sharer & Stuart Suite, Apt. #, etc. 100 Second Av., So., Suite 600 City & State St. Petersburg, FL	3. Mailing Address c/o Gregory, Sharer & Stuart Suite, Apt. #, etc. PO Box 2881 City & State St. Petersburg, FL
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4. FEI Number 65-1054901	Applied For <input type="checkbox"/> Not Applicable
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Zip 33701	Country US	Zip 33731-2881	Country US
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
**BOTOS, MICHAEL E
C/O EDWARDS & ANGELL LLP
250 ROYAL PALM WAY SUITE 300
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent
Name
Botos, Michael E.
Street Address (P.O. Box Number is Not Acceptable)
c/o Edwards & Angell LLP
One North Clematis Street, Suite 400
City
West Palm Beach **FL** Zip Code
33401

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: **MICHAEL E BOTOS** DATE: **4/23/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
400004194814--8
-05/11/01--01014--001
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS	
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
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Member ALLAN FLORIDA INVESTMENTS 44 Victoria Street, Suite 1614 Toronto, M5C 1Y2, Ontario, Canada	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Member DANIELS (SOUTH ORANGE), INC. 44 Victoria Street, Suite 1614 Toronto, M5C 1Y2, Ontario, Canada	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **April 24 1-416-594-1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)