

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 22, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000014939**1. Entity Name
LANT HOLDINGS, LLC

Principal Place of Business	Mailing Address
551 NW 77TH ST. #108	551 NW 77TH ST. #108
BOCA RATON FL 33487	BOCA RATON FL 33487

2. Principal Place of Business	3. Mailing Address
551 NW 77TH STREET	551 NW 77TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE #108	SUITE #108
City & State	City & State
BOCA RATON FL	BOCA RATON FL
Zip	Zip
33487	33487
Country	Country
US	US

4. FEI Number ☒ Applied For
Not Applicable5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALBANESE LEONARD 551 NW 77TH ST. #108 BOCA RATON FL 33487	Name ALBANESE LEONARD AMGR Street Address (P.O. Box Number is Not Acceptable) 551 NW 77TH STREET SUITE #108 City BOCA RATON FL Zip Code 33487

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 **LEONARD A. ALBANESE****03/22/2001**

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBANESE NICHOLAS MGRM 551 NW 77TH STREET SUITE #108 BOCA RATON FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBANESE ANTHONY MGRM 551 NW 77TH STREET SUITE #108 BOCA RATON FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBANESE TARA MGRM 551 NW 77TH STREET SUITE #108 BOCA RATON FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBANESE LEONARD AMGR 551 NW 77TH STREET SUITE #108 BOCA RATON FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	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: LEONARD A. ALBANESE**MGR****03/22/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)