

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000015179

1. Entity Name  
HUDSON AVENUE, LLC

FILED

01 MAY -1 PM 5:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
1670 HURON DRIVE  
MAITLAND, FLORIDA 32751

2. Principal Place of Business 3. Mailing Address  
1670 HURON DRIVE 1670 HURON DRIVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
MAITLAND, FLORIDA MAITLAND, FLORIDA  
Zip Country Zip Country  
32751 USA 32751 USA

4. FEI Number Applied For  
59-3685593 Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
JULIA L. FREY  
215 N. EOLA DRIVE  
ORLANDO, FLORIDA 32801

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

TITLE	MANAGER <input type="checkbox"/> Delete
NAME	MARILYN S. GOLDMAN
STREET ADDRESS	1670 HURON DRIVE
CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE	MANAGER <input type="checkbox"/> Delete
NAME	SIGMUND I. GOLDMAN
STREET ADDRESS	1670 HURON DRIVE
CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIGMUND I. GOLDMAN
STREET ADDRESS	1670 HURON TRAIL
CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600004274316--5
CITY-ST-ZIP	-05/21/01--01148--010 *****50.00 *****50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Marilyn S. Goldman, Manager* MARILYN S. GOLDMAN, MANAGER  
4-23-2001 407/647-1044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)