

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016316

1. Entity Name

SEE ATTACHED
NAME CHANGE

FILED

01 MAR -9 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~MOO FISH PLAZA, LLC~~

BIMINI TWIST PLAZA, LLC

Principal Place of Business

Mailing Address

10677 AVE. P.G.A.

PALM BEACH GARDENS, FL.

33418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1063257

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$50.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORPORATE CREATIONS NETWORK, INC.~~

Name

DEBORAH TAUBE

941 4TH ST. #200

Street Address (P.O. Box Number is Not Acceptable)

10677 AVE. P.G.A.

MIAMI BEACH, FL. 33139

City

PALM BEACH GARDENS, FL

Zip Code

33418

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

Deborah Taube

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 Delete
JAMES TAUBE MGRM
STREET ADDRESS 10677 AVE. P.G.A.
CITY-ST-ZIP PALM BEACH GARDENS, FL. 33418

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP 900003891279--7

TITLE NAME Delete
DEBORAH TAUBE MGRM
STREET ADDRESS 10677 AVE. P.G.A.
CITY-ST-ZIP PALM BEACH GARDENS, FL. 33418

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP -03/21/01--01612-043
*****50.00 *****50.00

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
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:

Deborah Taube

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

Date

Daytime Phone #

CR2E083 (11/00)