FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90694 050 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000357

1. Entity Name
AMERIBRIDGE FLORIDA, L.C.

Principal Place of Business	Mailing Address
1900 W COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	PO BOX 5843 FORT LAUDERDALE, FL 33310

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2455 East Sunrise Blvd.		2455 East Sunrise Blvd.	
Suite, Apt. #, etc.: 807		Suite, Apt. #, etc.: 807	
City & State: Ft. Lauderdale, Florida		City & State: Ft. Lauderdale, Florida	
Zip: 33304	Country: Broward	Zip: 33304	Country: Broward

4. FEI Number: 65-106-7372 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUTTE, BERNHARD
1900 W COMMERCIAL BLVD
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name: Cara Ebert Cameron
Street Address (P.O. Box Number is Not Acceptable): 2929 East Commercial Blvd.
Suite 410
City: Ft. Lauderdale FL Zip Code: 33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Cara Ebert Cameron 3/29/03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALDO, STEW 1900 W COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Waldo, Sten 2455 East Sunrise Blvd. Ft. Lauderdale, FL. 33304	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHUTTE, BERNHARD PO BOX 5843 FORT LAUDERDALE, FL 33310	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: Sten Waldö, ~~President~~, CEO 4.23.03 (954)561-6535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #