2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 08, 2002 8:00 am

DESMAR REALTY, LLG 04-08-2002-90207-037 ***50.00 All Record Business Making Address 288 GATEWAY DR POIRWAR R. 3009 298 GATEWAY DR POIRWAR R. 3009 299 GATEWAY DR POIRWAR R. 3009 29 County 20	DOCUMENT # L0100000361						Secretary of State			
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S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent T. Name and Addre	City & State			City & State		4. FEIN	T- 1			
LAPIDUS, STEVEN B GREENBERG TRAURIG, P.A. 1221 BRICKELL AVE. MIAMI FL 33131 City 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 Signature, holded or previous name of virgitated agent and title if application. (NOTE Registered Agent Agrantian required when remeding) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANNAGING MEMBERS/MANAGERS TILE MANE STREET ADDRESS OTTY-ST-2P TITLE MANAGEMENT STREET ADDRESS OTTY-ST-2P TITLE MANAGEMENT STREET ADDRESS OTTY-ST-2P TITLE MANAGEMENT STREET	Zip	Countr	y Zi _l	ρ	Country	5. Certit				
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GREENBERG TRAUPRIC, PA. 1221 BRICKELL AVE. MAMI FL 33131 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 Symmum, Stock or printed name of registered agent and title 1 reprinted. REFILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 111.E Deide 111.E NAME STREET ADDRESS CITY-ST-2P Deide 111.E NAME STREET ADDRESS CITY-ST-2P Deide 111.E NAME STREET ADDRESS CITY-ST-2P Deide 111.E Deide 111.E NAME STREET ADDRESS CITY-ST-2P Change Addition MAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	LAD	LABOUG OTTOTAL B					Name			
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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 Signa					<u> </u>		<u> </u>			
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indicated on this report is true and accurate and starry 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 true and accurate acc

SIGNATURE: -