FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2002 8:00 am Secretary of State 05-22-2002 90271 007 ****50.00

04-29-02 954-474-8500

Daytime Phone #

DOCUMENT # L0100000513 1. Entity Name				05-22-2002 90271 007 ****50.00	
D & N	REALTY HOLDING	S NO.2, LLC		J	
DO NOT WRITE IN THIS SPACE					5 967324
					,
2. Principal Place of Business 7860 PETERS ROAD		3. Mailing Addres	3. Mailing Address 7860 PETERS RD		
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
F-110 City & State			F-110 City & State		4. FE! Number Applied For
PLANTATION, FL		PLANTATI	PLANTATION, FL		65-1071743 Not Applicable
Zip 33324	Country USA	33324	Country USA	у	5. Certificate of Status Desired \$8.75 Additional Fee Required
	· ·				7. Name and Address of Current Registered Agent
	DO NOT	4 / En 1		Name ALAN CA	AHAN, RICHARD J ESQ
DO NOT WRITE				Street Address	s (P.O. Box Number is Not Acceptable)
IN THIS SPACE					& POLIAKOFF, 5201 BLUE LAGOON DR
				SUITE 1	
8. The above named entity submits this statement for the purpose of changin			1	MIAMI	FL Zip Code 33126-2065
o. The above	named emity submits this state	ment for the purpose of c	nanging its reg	istered office or i	registered agent, or both, in the State of Florida.
SIGNATURE					
	Signature, typed or printed name of r	- , ,	-		gent signature required when reinstating) DATE
Tax filing requirement and elects to do so			or May 1, Fee mended UBR I Pavable to D	6-\$550 :00 6-\$61,25->	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.		ID DIRECTORS			
TITLE	MGR	<u> </u>	TITLE	I	CR2E034B (12/01)
NAME STREET ADDRESS	(Table 1 , Rollings		NAME	NAME STREET ADDRESS	
CITY - ST - ZIP				ST - ZIP	034
TITLE			TITLE		
NAME STREET ADDRESS			NAME	f	ة
CITY - ST - ZIP	310			T ADDRESS ST_ZIP	
TITLE			TITLE		The state of the s
NAME			NAME		·
STREET ADORESS CITY - ST - ZIP	TO			TADDRESS	DO NOT WRITE
TITLE			TITLE	ST ZIP	· · · · · · · · · · · · · · · · · · ·
NAME			NAME		IN THIS SPACE
STREET ADDRESS			STREE	TADORESS	•
CITY - ST - ZIP	<u> </u>		CITY -	ST - ZIP	
TITLE NAME			TITLE		
STREET ADDRESS		NAME STREE	T ADDRESS		
CITY - ST - ZIP		•		ST - ZIP	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS C/TY - ST - ZIP	•			ADDRESS	
13. I hereby cer information an officer or		e nenar report is true and e receiver or trustee emp	o accurate and lowered to exec	xemption stated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the e shall have the same legal effect as if made under oath; that I am s required by Chapter 607, Florida Statutes; and that my name

RONALD SEDLEY, MGR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: