2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0100001347

1. Entity Name

BRISTOL HOUSE, LLC



FILED Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90032 029 ****50.00

					GOO WE TH									
Principal Plac	ce of Business		Mailing Address											
930 WASHINGTON AVENUE 4TH FLOOR			C/O CF PROPERTIES CORP. 930 WASHINGTON AVENUE 4TH FLOOR MIAMI BEACH FL 33139-5084				; ; 1 0 0110	1() 1 () 2 () 2 ()	· 1(3)() 38)() 40	1111 66 111 86 113	89181 (1882)	1911 B 11	12) (20) (80)	
2. Principal Place of Business			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State			City & State	_		UT 0011130			oplied For					
Zip Country			Zip	try		5. Certifica	te of Stat	us Desired		\$5.00 Fee Re	Add	litional		
	6. Name and	Address of Current Re	gistered Agent				7. Name and Address of New Registered Agent							
05.6		551 5 A	Name											
CF PROPERTIES CORP. 930 WASHINGTON AVENUE 4TH FLOO				Street Address (P.O. Box Number is Not Acceptable)										
	WASHINGTON A MI BEACH FL 33		Street Address (I			O. Box Numi	Der is ivo		oie)					
				į	City					F	L Zip	Cod	е	
8. The above the obligat	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 .	Signature, typed or printe	d name of registered agent and t	itle if applicable. (NOTE	: Registered	d Agent signature re	equired w	when reinstating)		·	DATE			}	
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			Make Check Payable		опоа Берал ву 1, 2003	unen	t of State							
					iy 1, 2005						_			
9.	MGRM	MANAGING MEMBERS,		10.					ADDITIONS	S/CHANGI				
TITLE Name		CUAEL D	☐ Delete	TITLE							☐ Cha	nge	Addition }	
NAME FRIEDMAN, MICHAEL D STREET ADDRESS 930 WASHINGTON AVENUE 4TH			OOP.	NAME	ET ADDRESS								ŀ	
CITY-ST-ZIP MIAMI BEACH FL 33139-5084			LOUN		ST-ZIP									
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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 must be proposed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: INING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

674-7300