

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000001687**

1. Entity Name
CABANA CLEMATIS, LLC

Principal Place of Business
**6035 N.W. 30TH WAY
 BOCA RATON FL 33498**

Mailing Address
**6035 N.W. 30TH WAY
 BOCA RATON FL 33498**

99958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1093534

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRECHTER, GLENN
 6035 N.W. 30TH WAY
 BOCA RATON FL 33498**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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, typed or printed name of registered agent and date of app. filing

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. **MEMBER** MANAGING MEMBERS / MANAGERS Delete

10. ADDITIONS / CHANGES Change Addition

TITLE NAME **CABANA MANAGEMENT INC**
 STREET ADDRESS **11420 QUEEN'S BLVD.**
 CITY-ST-ZIP **FOREST HILLS, N.Y. 11375**

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

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

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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 609, Florida Statutes.

SIGNATURE: x

[Handwritten Signature]

4/30/02

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

Date

Daytime Phone #

CR2E083 (9/01)