

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90003 008 ****50.00

DOCUMENT # L01000001823

1. Entity Name
DGE PROPERTIES, LLC



Principal Place of Business Mailing Address
C/O WHITE & CASE LLP, ATN EDWARD SAWYER
200 S BISCAYNE BOULEVARD, SUITE 4900
MIAMI FL 33131

2. Principal Place of Business 3. Mailing Address
251 Coconut Palm Rd. **251 Coconut Palm Rd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Boca Raton

City & State City & State
Boca Raton, FL **FL**

Zip Country Zip Country
33432 USA **33432 USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **54-7721163** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAWYER, EDWARD E
C/O WHITE & CASE LLP
200 S BISCAYNE BOULEVARD, SUITE 4900
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

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 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

TITLE **MGR**
NAME **SCOTT, STEVEN M MD**
STREET ADDRESS **200 S BISCAYNE BLVD STE 4900**
CITY-ST-ZIP **MIAMI FL 33131-2352**

☒ Delete
DO NOT delete

TITLE **MGR**
NAME **Rebecca J. Scott**
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS **MGR**
Rebecca J Scott
251 Coconut Palm Road
Boca Raton FL 33432

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

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:

Rebecca J. Scott

03/12/2003

561-347-2368

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

Date

Daytime Phone #

CR2E083 (10/02)