8/7/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 27, 2002 8:00 am Secretary of State

DOCUMEN I. Entity Name 1617 ASSOCIAT	T # L01000 (res, llc _	003289				etary of 2002 90171 032	****50.00	
Principal Place of Busine	ore	Mailing Address		—				
15 N. Flagler Drive 8TH Floor /EST Palm Beach FL 3:		515 N. FLAGLER DRIVE 18TH FLOOR WEST PALM BEACH FL 3	13401			_ 422	89	
•								
2. Principal Place of Bu	siness	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe	084431		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	S5.00 Ad	ditional	
6. Nan	me and Address of Curren	it Registered Agent	. Name	.7. ,Name and	Address of New Re	gistered Agent		
VEGOSEN, DE	er drive			eet Address (P.O. Box Number is Not Acceptable)				
WEST PALM E	BEACH FL 33401							
<i>;</i>			City			FL Zip Coo	et	
the obligations of regi	Tity submits this statement histored agent.		IS registered office of re			DATE		
the obligations of regi	istered agent.	nt end title if applicable. (NO FILE No Make Check P	OTE: Registored Agent signature HOW!!! FEE IS \$5	0.00 ent of State				
the obligations of regi	istered agent. ed or printed name of registered agent MANAGING MEMBI	FILE N Make Check P Due B	OTE: Registered Agent signature	0.00 ent of State	ADDITIONS/C	DATE		
IGNATURE Signature, type TILE WE WE REET ADDRESS THE OF ADDR	MANAGING MEMBI SHOW OF MEMBIRATION OF THE STATE OF THE S	Make Check P Due B ERS/MANAGERS Delete	NTE: Registered Agent signature NOW!!! FEE IS \$56 Bayable to Departm by September 25, 26 10. IITLE NAME STREET ADDRESS	0.00 ent of State		DATE	☐ Addition	
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SCHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/5/02 561-832-5900