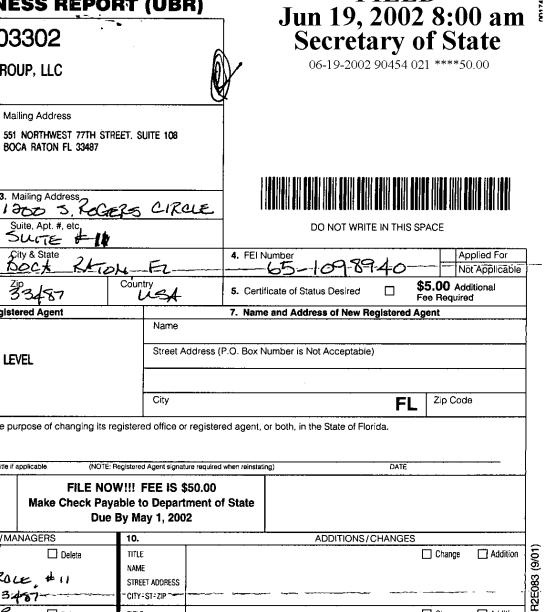
2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # L0100003302

Principal Place of Business

ALBANESE-POPKIN DEVELOPMENT GROUP, LLC



FILED

551 NORTHW BOCA RATON	EST 77TH STREET. SUITE 108 I FL 33487	551 NORTHWEST 77TH STREET. SUITE 108 BOCA RATON FL 33487						
1200 5. FOGERS CIRCLE 12 Suite, Apt. #, etc. S		3. Mailing Address 1900 3. PAGES CIRCLE Suite, Apt. #, etc. SUITE # 11		E)	DO NOT WRITE IN THIS SPACE			
Sity & State 21 - S		City & State BOCK RHOW FZ		4. FEI Nu	mber 5-109-89-4	О		oplied For
^Z 334*	87 Country	^{Zip} 33487	Country	5. Certific	ate of Status Desired		5.00 Ade	
	6. Name and Address of Current R	legistered Agent	Name	7. Name a	and Address of New Regist	ered Ag	ent	
CORPDIRECT AGENTS 103 NORTH MERIDIAN STREET, LOWER LEVEL TALLAHASSEE FL 32301				Street Address (P.O. Box Number is Not Acceptable)				
						FL	Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or reg	jistered agent, or	both, in the State of Florida.			
SIGNATURE .				·				
· · ·	Signature, typed or printed name of registered agent an		Registered Agent signature re W!!! FEE IS \$50.)	DATE		
		Make Check Pay	yable to Department By May 1, 2002					
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/CHA	NGES		
TITLE NAME STREET ADDRESS	MANGING MEMBER LEONALD ARBANESE 1200 S. ROGERS C	iroce, #11	TITLE NAME STREET ADDRESS			[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANHEMMY MEMB EDWARD POPKIN 1960 S. ROGERS & BOCK PATON, FL		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
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 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 608, Florida Statutes.

SIGNATURE:

561-994-1375