

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-30-2002 90010 026 ****50.00

DOCUMENT # L01000004272

1. Entity Name

RJOMI PROPERTIES, LLC

Principal Place of Business

**500 EAST BROWARD BLVD.
 SUITE 1950
 FT. LAUDERDALE FL 33394**

Mailing Address

**500 EAST BROWARD BLVD.
 SUITE 1950
 FT. LAUDERDALE FL 33394**

85842



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

651114138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STEINBERG, LAWRENCE B ESQ.
 500 EAST BROWARD BLVD.
 SUITE 1950
 FT. LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent

Name **Conrad J. Boyle**

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

500 East Broward Blvd., Suite 1950

City **Fort Lauderdale**

FL

Zip Code
33394

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/02
 DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
 NAME **MGR**
 STREET ADDRESS **Shullman, John**
 CITY-ST-ZIP **500 East Broward Blvd., Suite 1950
 Fort Lauderdale, FL 33394**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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)(f), 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:

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

Date

Daytime Phone #

4-8-02

954 428 7200

CR2E083 (8/01)