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2002 UNIFORM BUSINESS REPORT (UBR)					FILED				
DOCUMENT # L01000004358  1. Entity Name					Jan 14, 2002 8:00 am Secretary of State				
EIGHT 1	rwenty nine, llc				01-14-2002 9	0027 028 3	****50.00	)	
41 BAY COLO	ncipal Place of Business Mailing Address  BAY COLONY DRIVE 41 BAY COLONY DRIVE RT LAUDERDALE FL 33308 FORT LAUDERDALE FL 333					v v №	~ ~ 0		
	Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.		Shore	bore		WRITE IN THIS SPACE			
City & State	City & State City &		Dity & State		4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$	5.00 Add	itional	
	6. Name and Address of Cur	rent Registered Agent			Name and Address of New F	legistered A	gent		]
BOOKSTEIN, MERRILL A 2499 GLADES ROAD, SUITE 308 BOCA RATON FL 33431			ametreet Address (P.O. I	Box Number is Not Acceptable	9)				
500	SA IMION I E GOTO	•	C	ity	····	FL	Zip Code	)	
8. The above	named entity submits this stateme	ent for the purpose of changing	its registered of	ffice or registered aç	gent, or both, in the State of Fle	orida.			
SIGNATURE _	Signature, typed or printed name of registered	agent and title if applicable. (N	IOTE: Registered Age	int signature required when r	einstating)	DATE			
		Make Check	NOW!!! FEE Payable to D Due By May 1	epartment of Sta	te				
9.	MANAGING ME	MBERS/MANAGERS	10.		ADDITIONS	/CHANGES			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EIGHT TWENTY NINE MAN 41 BAY COLONY DRIVE FORT LAUDERDALE FL 333		TITLE NAME STREET AD CITY-ST-2	•			Change	Addition	2E083 (9/01)
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2				☐ Change	Addition	15
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	• -	☐ Delete	TITLE NAME STREET AD CITY-ST-7				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2				☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition	

STREET ADDRESS

1/902 (954) 772-0890

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: