

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000006209**

1. Entity Name

SARACENO AT PLANTATION ACRES, L.C.

Principal Place of Business

**2852 UNIVERSITY DR
CORAL SPRINGS FL 33065**

Mailing Address

**2852 UNIVERSITY DR
CORAL SPRINGS FL 33065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1149729

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****GILLESPIE III, R. BOWEN ESQ
1515 SOUTH FEDERAL HWY
STE 300
BOCA RATON FL 33432****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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 reinitiating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LEVINE, DAVID	
STREET ADDRESS	2852 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MARTZ ENTERPRISES INC PROFIT SHARING & TRU	
STREET ADDRESS	2852 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:

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

1.8.02

Date

954-755-1775

Daytime Phone #

FILED
Mar 20, 2002 8:00 am
Secretary of State

02-14-2002 90024 001 ****55.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)