APR-29-03 TUE 05:14 PM FAX NO.

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May 05, 2003 8:00 am
Secretary of State
05-05-2003 92167 035 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007183

1. Entity Name
SUN ATLANTIC PROPERTIES, LLC

Principal Place of Business	Mailing Address
110 EAST ATLANTIC AVE., STE. 325 DELRAY BEACH, FL 33444	110 EAST ATLANTIC AVE., STE. 325 DELRAY BEACH, FL 33444

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
110 East Atlantic Ave	& same
Suite, Apt. #, etc. Suite 340	Suite, Apt. #, etc.
City & State Delray Beach, FL	City & State
Zip 33444 Country U.S.	Zip Country

4. FEI Number 65-1101059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PATRICIA LEBOW, P.A.
1 NORTH CLEMATIS STREET, SUITE 500
WEST PALM BEACH, FL 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEPIERRO, JOHN MR 110 EAST ATLANTIC AVE DELRAY BEACH, FL 33444	☐ 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
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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.

SIGN HERE → SIGNATURE: Krista Miller (CFO) 4/30/03 561-274-7077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #