

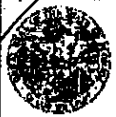
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FAX NO.

FILED
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 110 EAST ATLANTIC AVE., STE. 325 DELRAY BEACH, FL 33444		Mailing Address 110 EAST ATLANTIC AVE., STE. 325 DELRAY BEACH, FL 33444	
2. Principal Place of Business 110 EAST ATLANTIC AVE & SAME		3. Mailing Address SAME	
Suite, Apt. #, etc. Suite 310		Suite, Apt. #, etc.	
City & State Delray Beach, FL		City & State	
Zip 33444		Country U.S.	
4. FEI Number 65-1101058		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 600 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 fee if applicable) (NOTE: Registered Agent signature after registration)			
9. MANAGING MEMBERS/MANAGERS			
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		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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 190.07(3)(b), Florida Statutes. I further certify that the information furnished 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 subject liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: Kristen Miller (CFO) 4130103 5A-274-7077 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Expires			

**SIGN
 HERE**