Jul-24-03 12:52am From-FLA UROLOGICAL ASSOC 954 753 5628 T-058 P.003/003 F-048

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
5/5/2003-90094-038-$50.00-$50.00 *
7/9/2003-90023-017-$50.00-$50.00
03 DEC 19 PM 5:29

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008975

1. Entity Name
AV FAMILY, LLC

Principal Place of Business	Mailing Address
1725 UNIVERSITY DRIVE SUITE 400 CORAL SPRINGS FL 33071	1725 UNIVERSITY DRIVE SUITE 400 CORAL SPRINGS FL 33071
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 90-0081574 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VORSTMAN, ALBERT
1725 UNIVERSITY DRIVE
SUITE 400
CORAL SPRINGS FL 33071

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 ______ 7/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VORSTMAN, ALBERT 1725 UNIVERSITY DR 400 CORAL SPRINGS FL 33071	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 03	☐ Change ☐ Addition
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.

SIGNATURE: SIGNATURE REQUIRED 7/15/03 954 796 1140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)

CASS, LEVY & LEONE, L.C.
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

MARTIN CASS, CPA
HOWARD S. LEVY, CPA
MICHAEL S. LEONE, CPA

440 COLUMBIA DRIVE, SUITE 500
WEST PALM BEACH, FL 33409

PHONE: 561.689.7888
FAX: 561.689.0478
WWW.CASSLEVY.COM

December 14, 2003

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: L01000008975
AV Family, LLC
EIN: 90-0081574
Uniform Business Report

To Whom It May Concern:

Enclosed please find the May 27, 2003 IRS notice received by the AV Family, LLC. The IRS notice states that the above LLC has been assigned the following employer identification number (90-0081574).

The 2003 Uniform Business Report enclosed has been modified to include the assigned EIN number from above.

Please note that the Form DR-601C – Intangible Personal Property Tax Return for 2003 was filed with the following incorrect EIN (65-1110949).

If you have any questions regarding the above, please do not hesitate to call our office.

Sincerely,

Howard S. Levy, CPA
G:\06245\AV LLC Letter to IRS 03.doc