

FILED
Oct 01, 2002 8:00 am
Secretary of State

08-25-2002 90200 029 ****50.00
04-22-2002 90227 026 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009391

1. Entity Name

ATLANTIC AVENUE PARTNERS, LLC

Principal Place of Business

**701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131**

Mailing Address

**701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131**

2. Principal Place of Business

70 S.E. 4th Avenue

Suite, Apt. #, etc.

3. Mailing Address

70 S.E. 4th Avenue

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33483

Country

City & State

Delray Beach, FL

Zip

33483

Country

4. FEI Number

65-1112886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Pryse R. Elam

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

70 S.E. 4th Avenue

City

Delray Beach

FL

33483

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

Signature typed in printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Pryse R. Elam	70 SE 4th Ave - Managing Member	Delray Beach FL 33483	

10. ADDITIONS/CHANGES

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)(b), 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

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

Date

Daytime Phone #

43378

CR2E083 (4/02)

Attachment
CignalCorp

43378

L01000009391

September 18, 2002

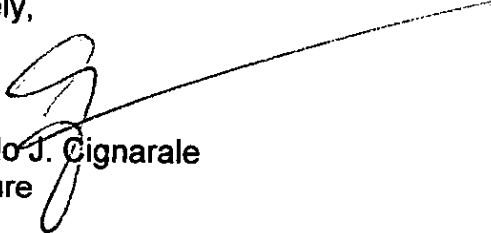
Florida Department of the State
Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Harris:

Please be advised that Counsel Square, L.L.C. has never filed for a Federal Employer Identification number or has had any business activity under that name. Therefore, I am returning the enclosed 2002 Uniform Business Report, blank, without payment. There is no need to dissolve this entity, as it was never formed.

Should you have any questions or require additional information, please feel free to call.

Sincerely,


Armando J. Cignarale
Enclosure