

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90037 021 ****50.00

DOCUMENT # L0100001241G

1. Entity Name

CORE BRIDGE-EQUITY FUND, L.L.C.

Principal Place of Business

4000 HOLLYWOOD BLVD.
 SUITE 350-N
 HOLLYWOOD FL 33021

Mailing Address

4000 HOLLYWOOD BLVD.
 SUITE 350-N
 HOLLYWOOD FL 33021

2. Principal Place of Business

VILLAGE CLUB APTS
 Suite, Apt. #, etc.

OFFICE, 500 NE 2nd St
 City & State

DANIA BEACH FL

Zip
 33004

Country
 USA

3. Mailing Address

VILLAGE CLUB APTS
 Suite, Apt. #, etc.

OFFICE, 500 NE 2nd St
 City & State

DANIA BEACH FL

Zip
 33004

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1125302

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FEINBERG, JEFFREY ESQ.
 4000 HOLLYWOOD BLVD.
 SUITE 350-N
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

MARC INMAN

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

Village Club APTS Office
 500 NE 2nd St

City

DANIA BEACH

FL

Zip Code

33004

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 reinstating)

DATE

4/15/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MANAGING MEMBER ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MANAGING MEMBER ☐ Change ☒ Addition
 JAMES S. TOTH
 OFFICE, 500 NE 2nd St
 DANIA BEACH FL 33004

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

4/15/02

Date

Daytime Phone #

CR2E083 (9/01)