2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State
02-25-2003 90087 004 ****50.00

DOCUMENT # L01000015333

1. Entity Name
BROMLEY-MORRIS, LLC

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD. SUITE 900 CORAL GABLES, FL 33134	2121 PONCE DE LEON BLVD. SUITE 900 CORAL GABLES, FL 33134

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2643 Oakbrook Dr.	2643 Oakbrook Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston FL.	City & State: Weston FL.
Zip: 33332 Country: U.S.A.	Zip: 33332 Country: U.S.A

4. FEI Number: 65-1154696 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WIENER, MARVIN L ESQ. 2121 PONCE DE LEON BLVD. SUITE 900 CORAL GABLES, FL 33134	Name: Marvin I. Wiener, Esq. Street Address (P.O. Box Number is Not Acceptable): Suite 900 2121 Ponce de Leon Blvd. City: Coral Gables FL Zip Code: 33134

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: Marvin I. Wiener DATE: 2/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BROMLEY, BRAD 2643 OAKBROOK DRIVE WESTON, FL 33332	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MORRIS, GEORGE 12555 ORANGE DRIVE DAVIE, FL 33330	☐ 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	☐ Change ☐ Addition

CR2E083 (10/02)

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] 2/21/03 954-389-2205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #