9/29/2002-90003-009-$50.00-$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015498

1. Entity Name
SOUTHERN TRADEWINDS DEVELOPMENT LLC

FILED
2002 OCT 11 AM 10:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O LAWRENCE H. FEDER, ESQ. 2450 HOLLYWOOD BLVD., STE. 401 HOLLYWOOD FL 33020	C/O LAWRENCE H. FEDER, ESQ. 2450 HOLLYWOOD BLVD., STE. 401 HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
310 N. Swinton Avenue		310 N. Swinton Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Delray Beach, FL 33444		City & State: Delray Beach, FL 33444	
Zip: 33444	Country: U.S.	Zip: 33444	Country: U.S.

4. FEI Number: 26-0034388 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FEDER, LAWRENCE H
2450 HOLLYWOOD BLVD., STE. 401
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name: ALAN BAGLIORE
Street Address (P.O. Box Number is Not Acceptable): 310 N. Swinton Avenue
City: Delray Beach, FL FL Zip Code: 33444

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 ____________ 9/19/02
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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member ALAN EAGLIORE 310 N. Swinton Avenue Delray Beach, FL 33444 ☐ 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
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CR2E083 (4/02)

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 REQUIRED 9/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #