LIND COLUMN BUSINESS REPORT (UBR) 55 FILE

DOCUMENT # L01000017055 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA Boyle Deerfield, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1601 East Lake Drive 1601 East Lake Drive Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Fort Lauderdale, FL Fort Lauderdale, 01-0714292 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 33316 USA 33316 USA Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Corpdirect Agents Street Address (P.O. Box Number is Not Acceptable) 103 N. Meridian Street, Lower Level IN THIS SPACE Zip Code 32301 Tallahassee 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. FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. TITLE TITLE managing member NAME NAME 800009109118 John J. & Janet A. Boyle, (as J/T/C) STREET ADDRESS 1601 East Lake Drive STREET ADDRESS 11/20/02 = -01049 = -013 **50.00CITY-ST-ZIP Ft. Lauderdale, FL 33316 CITY-ST-ZIP TITLE member NAME Richard A. Rosenbaum STREET ADDRESS c/o Greenberg, 200 Park Ave, 14th Fl. STREET ADDRESS CITY-ST-ZIP New York, NY 10166 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

11. Thereby 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: New hastbaun Steve Mastbaum
SIGNATURE AND THE OR FRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY - ST - ZIP

11/19/02

Date

(212)801-9200

COR FIRE T AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALEAHASSEE, FL 32301
222-1173

FILING COVER SHEET AECT. #FCA-14

CONTACT:	LYDIA LOTT	_
DATE:	11-20-02	_
REF.#:	0188.10819	
CORP. NAME:	BOYLE DEERFIELD, LLC	FILED 02 NOV 20 PM SECRETARY OF FALLAHASSEE
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