

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90090 042 ****50.00

DOCUMENT # LD10000017160
1. Entity Name
William Scott Enterprises LLC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 NE Spanish River Blvd.
Suite, Apt. #, etc. 207

3. Mailing Address
500 NE Spanish River Blvd.
Suite, Apt. #, etc. 207

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton Florida
Zip 33431 Country USA

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Boca Raton Florida
Zip 33431 Country USA

4. FEI Number
 Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent
Name Robert S. Horowitz Esquire
Street Address (P.O. Box Number is Not Acceptable)
3301 NW Boca Raton Blvd.
Suite 200
City Boca Raton FL Zip Code 33431

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 _____ DATE _____
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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
Member
BRIAN CLOUSE
STREET ADDRESS
500 NE Spanish River Blvd
CITY - ST - ZIP
Boca Raton FL 33431

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME
Member
JEFFREY KLEIMAN
STREET ADDRESS
500 NE Spanish River Blvd
CITY - ST - ZIP
Boca Raton FL 33431

TITLE NAME
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CITY - ST - ZIP

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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: Brian Clouse 4/4/02 561-447-8740x104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)