2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
04-30-2002 90012 001 ****55.00

DOCUMENT # L01000018234

1. Entity Name
HAMBURG DEVELOPMENT, LLC ✓

Principal Place of Business	Mailing Address
211 ROYAL POINCIANA WAY SUITE A PALM BEACH FL 33480	211 ROYAL POINCIANA WAY SUITE A PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
970 North Congress Ave	970 North Congress Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach FL	City & State: West Palm Beach FL
Zip: 33409 Country: USA	Zip: 33409 Country: USA

4. FEI Number 65-1147354 ☐ 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
BELTRANO, ALDO ESQ. 211 ROYAL POINCIANA WAY SUITE A PALM BEACH FL 33480	Name: ALDO BELTRANO, ESQUIRE Street Address (P.O. Box Number is Not Acceptable): 970 NORTH CONGRESS AVENUE City: WEST PALM BEACH FL Zip Code: 33409

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] ALDO BELTRANO, ESQUIRE
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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUDE, PATRICK 1053 NORTH LAKE WAY PALM BEACH FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUDE, PATRICK 651 OKEECHOBEE BLVD. #811 WEST PALM BEACH, FL 33401	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUSTER, PETER 651 OKEECHOBEE BLVD. #510 WEST PALM BEACH FL 33401	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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] PETER SCHUSTER 4/3/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #