

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

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90007 020 ****55.00

DOCUMENT # 201000018635

1. Entity Name

CTRE LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8000 N. Federal Hwy.

Suite, Apt. #, etc.
Third Floor

3. Mailing Address
8000 N. Federal Hwy.

Suite, Apt. #, etc.
Third Floor

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-1149606

Applied For
Not Applicable

Zip Country
33487 USA

Zip Country
33487 USA

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

7. Name and Address of Current Registered Agent

Name Rebecca L. Hamilton

c/o Sachs, Sax & Klein
Street Address (P.O. Box Number is Not Acceptable)
301 Yamato Road

Northern Trust Plaza, Suite 4150

City Boca Raton, **FL** Zip Code 33431

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable.

Rebecca L. Hamilton 3-02-02
DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Scott Adams
8000 N. Federal Hwy Third Fl
Boca Raton, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Joseph W. Veccia
8000 N. Federal Hwy-Third Fl
Boca Raton, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-18-02 561-953-5200

Date

Daytime Phone #

CR2E083B (12/01)