

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

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90004 030 ****55.00

DOCUMENT #

1. Entity Name

L01000018737 /

CTMM LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8000 N. Federal Hwy.

8000 N. Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Third Floor

Third Floor

City & State

City & State

Boca Raton, FL 33487

Boca Raton, FL 33487

Zip

Country

Zip

Country

33487

USA

33487

USA

4. FEI Number

65-1150363

Applied For

Not Applicable

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

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

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

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

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

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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

Date

Daytime Phone #

4-18-02

561-953-5200

CR2E083B (12/01)