

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019102

1. Entity Name

PASSWAY PROFIT FUND I, LLC

Principal Place of Business

5100 TOWN CENTER CIRCLE  
SUITE 430  
BOCA RATON FL 33486  
US

Mailing Address

5100 TOWN CENTER CIRCLE  
SUITE 430  
BOCA RATON FL 33486  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

E.H.G. RESIDENT AGENTS, INC.  
5100 TOWN CENTER CIRCLE  
SUITE 430  
BOCA RATON FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

(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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|----------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| MGRM<br>GILBERT, EDWARD H<br>5100 TOWN CENTER CIRCLE, SUITE 430<br>BOCA RATON FL 33486 |                                 |                                                |                                                                   |
|                                                                                        |                                 |                                                |                                                                   |
|                                                                                        |                                 |                                                |                                                                   |
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|                                                                                        |                                 |                                                |                                                                   |
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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:

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

Edward H. Gilbert, Mgr.

4/25/02

561-361-9300

Date

Daytime Phone #

FILED  
May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90207 004 \*\*\*\*50.00

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DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)