2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
02-07-2002 90171 001 ****50.00

DOCUMENT # L01000020272

1. Entity Name
TAMANACO PLAZA LLC

Principal Place of Business	Mailing Address
1565 SUNRISE BLVD. FT LAUDERDALE FL 33311	1565 SUNRISE BLVD. FT LAUDERDALE FL 33311

2. Principal Place of Business		3. Mailing Address	
2670 N. UNIVERSITY DR		3722 W. LAKE ESTATE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SUNRISE FL		City & State: DAVIE FL	
Zip: 33322	Country	Zip: 33328	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3615011 ☐ 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
LEVY, JIM 1565 SUNRISE BLVD. FT LAUDERDALE FL 33311	Name: AVRAHAM LEVY Street Address (P.O. Box Number is Not Acceptable): 3722 W. LAKE ESTATE DRIVE City: DAVIE, ~~FL~~ FL Zip Code: 33328

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 AVRAHAM LEVY — DATE 2-4-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	~~OPERATING MANAGER AVRAHAM LEVY 1561 SUNRISE BLVD FT. LAUDERDALE FL 33311~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY + TREASURER GIDEON DJERASSI 9800 S.W 4th STREET PLANTATION FL 33324 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OPERATING MANAGER AVRAHAM LEVY 3722 W. LAKE ESTATE DRIVE DAVIE, FL 33328 ☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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.

X Avraham Levy — 3.16.02