

2002 UNIFORM BUSINESS REGISTRATION

DOCUMENT # **LO1000020406**

Entity Name
LAUDERDALE MANAGEMENT, L.L.C.

FILED

02 APR -4 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1 SE 3RD AVENUE FORT LAUDERDALE FL 33316	Mailing Address 888 SE 3RD AVENUE SUITE 501 FORT LAUDERDALE FL 33316
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DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$5.00 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

6. Name and Address of Current Registered Agent

FORMAN, H. COLLINS JR.
1323 SE 3RD AVENUE
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to: Department of State
Due By May 1, 2002

MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
FILE NAME MGR FORMAN, MILES A 888 SE 3RD AVENUE FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME MGR FORMAN, MILES A 888 SE 3RD AVENUE, SUITE 501 FORT LAUDERDALE FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 officer or authorized representative of the corporation or partnership as required by Chapter 608, Florida Statutes.

SIGNATURE: **H. Collins Forman, Jr.**, authorized representative of Miles A. Forman, Manager
04/07/02 (254) 764-0009