

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90384 014 ****50.00

DOCUMENT # L01000020416

1. Entity Name

HEARTWOOD 7, LLC

Principal Place of Business

**1750 EAST SUNRISE BLVD.
 FORT LAUDERDALE FL 33304**

Mailing Address

**1750 EAST SUNRISE BLVD.
 FORT LAUDERDALE FL 33304**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0294581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LEVAN, JARETT S
 1750 EAST SUNRISE BLVD.
 FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name

Alissa E. Ballot

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

1750 East Sunrise Blvd.

City

Fort Lauderdale,

FL

Zip Code
33304

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

Alissa E. Ballot

Alissa E. Ballot

4/17/02

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

TITLE **MGR** ☐ Delete
 NAME **Alan Levan**
 STREET ADDRESS **1750 East Sunrise Blvd.**
 CITY-ST-ZIP **Fort Lauderdale, FL 33304**

TITLE **MGR** ☐ Delete
 NAME **James White**
 STREET ADDRESS **1750 East Sunrise Blvd.**
 CITY-ST-ZIP **Fort Lauderdale, FL 33304**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

James White

James White, Manager

4/22/02

954-760-5000

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

Date

Daytime Phone #

CR2E083 (9/01)