

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90003 032 \*\*\*\*50.00

**DOCUMENT # L01000020640**

1. Entity Name

**FRIEDMAN PROPERTY ONE, LLC**



Principal Place of Business

601 N.W. 12TH AVE.  
DEERFIELD BEACH FL 33442

Mailing Address

601 N.W. 12TH AVE.  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

**601 JIM MORAN BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**601 JIM MORAN BLVD**

Suite, Apt. #, etc.

City & State

**DEERFIELD BEACH, FL**

City & State

**DEERFIELD BEACH FL**

Zip  
**33442**

Country  
**USA**

Zip  
**33442**

Country  
**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1155737**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FRIEDMAN, ERNIE**  
**601 N.W. 12TH AVE.**  
**DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name

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

**601 JIM MORAN BLVD**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ernie Friedman* **ERNIE FRIEDMAN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-5-03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME **P**  
STREET ADDRESS **FAISOMAN, ERNIE**  
CITY-ST-ZIP **601 NW 12TH AVE**  
**DEERFIELD BEACH FL 33442**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **601 JIM MORAN BLVD**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Ernie Friedman*

**ERNIE FRIEDMAN**

**2-5-03**

**954 421-6888**

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

Date

Daytime Phone #

CR2E083 (10/02)