

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90726 038 \*\*\*\*50.00

**DOCUMENT #** L01000020773

**1. Entity Name**

ZUCKERMAN HOMES OF THE TREASURE COAST II, LLC

**DO NOT WRITE IN THIS SPACE**

B0054563

**2. Principal Place of Business**

3111 UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 610

City & State

CORAL SPRINGS, FL.

Zip

33065

Country

USA

**3. Mailing Address**

3111 UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 610

City & State

CORAL SPRINGS, FL.

Zip

33065

Country

USA

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**4. FEI Number**

90-0005324

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

HODKIN, PETER M.

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

1 E. BROWARD BLVD.

SUITE 1501

City

FORT LAUDERDALE

FL

Zip Code

33301

**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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGR.  
ANDREW ZUCKERMAN  
3111 UNIVERSITY DRIVE, SUITE 610  
CORAL SPRINGS, FL. 33065

**TITLE**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

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IN THIS SPACE**

**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

Date

Daytime Phone #

CR2E083B (12/01)