

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

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90096 003 \*\*\*\*50.00

**DOCUMENT #** L01000020963

1. Entity Name

NNN/1031 NO. 9 DEERFIELD LLC

**DO NOT WRITE IN THIS SPACE**

**B0042498**

2. Principal Place of Business

3399 PGA BLVD, SUITE 450

3. Mailing Address

3399 PGA BLVD, SUITE 450

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS, FL

City & State

PALM BEACH GARDENS, FL

4. FEI Number

65-1157600

Applied For

Not Applicable

Zip

33410

Country

Zip

33410

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PETER D. CUMMINGS & ASSOC., INC.

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

3399 PGA BLVD, SUITE 450

City

PALM BEACH GARDENS

FL

Zip Code

33410

**DO NOT WRITE  
IN THIS SPACE**

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  
CWP LLC  
3399 PGA BLVD, SUITE 450  
PALM BEACH GARDENS, FL 33410

TITLE  
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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 #

KEITH L. CUMMINGS 3-1-02 561-630-6110

CR2E083B (12/01)