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LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-13-2002 90123 041 ****50.00

DOCUMENT # L01000020979

1. Entity Name

LAKE PARK CENTRE, LLC

DO NOT WRITE IN THIS SPACE

[redacted]

18519

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5201 VILLAGE Blvd
Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL
Zip: 33407 Country: USA

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 75-3003940 Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: ROBERT NEEDLE
Street Address (P.O. Box Number is Not Acceptable): SAME AS #2
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.

SIGNATURE: _____ DATE: 3-6-02
Signature, typed or printed name of registered agent and title if applicable.

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
MANAGER, MANAGING MEMBER	ROBERT NEEDLE	5201 VILLAGE Blvd	WEST PALM BEACH, FL 33407
MANAGING MEMBER	GERALD J. ULSCONTI, JR	6025 ELBA PLACE	WOODLAND, CA 91367
MANAGING MEMBER	DAVID A. NEEDLE	5201 VILLAGE Blvd	WEST PALM BCH, FL 33407

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CR2E083B (12/01)

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: R Needle Manager — 2/8/02 — 561-687-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #