LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jun 05, 2002 8:00 am Secretary of State 06-05-2002 90418 013 ****55.00

DOCUMENT # 1. Entity Name	L01000021088	1
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DO NOT \	WRITE IN THIS	SPACE		968687		
2. Principal Place of Business 1695 SW 2ND. AV Suite, Apt. #, etc.		Box 8511				
Suite, Apr. #, etc.	Suite, Apt. #, etc.		DO	NOT WRITE IN THIS SP	ACE	
BOCA RAIDN, FL	City & State DEERFELD		4. FEI Number 65- 115	8800	Applied For Not Applicable	
Zip Country 33432 PALM	BEACH 33443	Cóuntry BROWARD	5. Certificate of Status	Desired E	5.00 Additional e Required	
	20101 15115	Dizovorico	7. Name and Address of		•	
الم بين مراجع وبيب عند الم	^T-\#/DITE===	Name R	BERT-GF	MAIGN		
DO NOT WRITE IN THIS SPACE			Street Address (P.O. Box Number is Not Acceptable)			
		1690	1690 SW INO. AVE.			
		City BoCA	RATON	FL	Zip Code 33432	
8. The above named entity submits th	nis statement for the purpose of changi	ng its registered office or registe	red agent, or both, in the S	tate of Florida.		
SIGNATURE Signature, typed or printed name	annun RoBE of registered agent and title if applicable.	RT GANNON		6-4-C) <u>2·</u>	
	Make Chec	FEE IS \$50.00 k Payable to Department of DUE BY MAY 1	f State	, ė.		
). MANA	AGING MEMBERS/MANAGERS	JOE D. MAT.	4	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
TILE MANAGER!	MEMBER	TITLE			=======================================	
IAME ROBERT C	LANNON	NAME			12(
STREET ADDRESS 1690 SW 2n	JO AVE.	STREET ADDRESS CITY-ST-ZIP			3B (
ITY-ST-ZIP <u>BOCA RATON</u> ITLE	1,FL. 33432	TITLÉ			CRZE083B (12/01	
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TY-ST-ZIP		CITY-ST-ZIP				
TLE		TITLE				
AME REET ADDRESS		NAME				
TY-ST-ZIP		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.