LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

DOCUMENT # L01000021867 1. Entity Name BANKATLANTIC VENTURE PARTNERS 2, LLC				Secretary of State 05-15-2002 90133 024 ****50.00
	DO NOT WRITE	IN THIS	SPACE	961627
1750 E. SUNRISE BLVD. SPD FLOOR		3. Mailing Address PO	BOX 5403	DO NOT WRITE IN THIS SPACE
The same of the sa		FI. LAUDERDA	LE, FL 33310-5403	DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required
TO NOT WRITE IN THIS SPACE 7. Name and Address of Current Registered Agent Name GLEN R. GILBERT Street Address (P.O. Box Number, is Not Acceptable). SUN RISE BLV D. City				
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				
		·	FEE IS \$50.00 Payable to Department of DUE BY MAY 1	of State
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM Low itt Companies, LI		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS* CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	ertify that the information supplied with th		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. Thereby 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:

GLEN R. GILBERT

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

4/24/2002_ Date

Daytime Phone #