## LIMITED LIABILITY COMPANY UN!FORM BUSINESS REPORT (UBR)

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

05-13-2002 90032 038 \*\*\*\*50.00

L01000021967 DOCUMENT #

1. Entity Name

1111 TAMIAMI TR., LLC

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					<u> </u>				
2. Principal Place of Business 3. Mailing Address			_						
	Towne Square	One Towne	Square						
Suite, Apt.		Suite, Apt. #, etc.		h	DO NOT WRITE IN THIS SPACE				
	# 1913 	Suite# 1913		i					
City & State	e ifield, Michigan	City & State	Alabia		4. FEI Number			Applied For	
		Southfield, N		<del> </del>	30-0017355			Not Applicab	le
Zip <b>4807</b> 6	Country U.S.A.	Zip 48076	Country U.S.A.		5. Certificate of Status Desired	Additional			
TOUT	TO TO TO SHEEK AND		0.0	·A.	7. Name and Address of Course		ee Req	urrea	
	and the state of t			Name	7. Name and Address of Current		Agent		
		TWOITE		Hame	CT Corporation Syste	m			
4.2.23		TWRITE	Street Address		s (P.O. Box Number is Not Acceptable)				
	SIN THIS	SSPACE		<del></del>					
		JOLAUL			1200 South Pine Islan	d Road			İ
				City					
				,	Plantation	FL	=	33324	
B. The above	named entity submits this st	tatement for the purpose of changin	g its registere	d office or re	gistered agent, or both, in the State of Flo	orida.			
			,						ĺ
SIGNATURE _	NA	·							
•	Signature, typed or printed name of re	gistered agent and title if applicable.				DATE			
			FEE IS	\$50.00					
Make Check				yable to Department of State					
			DUE BY	the same of the parties of					
		A Property of the second	The Market	こので (格)の					
MANAGING MEMBERS/MANAGERS				arte de 1864 et de Maria de Lata		图 1000 法理证明			
TITLE	MGR					No. of Contract	表表现		
NAME	Seligman FLP, Inc.			NAME STREET ADDRESS					
One Towne Square, Suite# 1913			200 March 18	編化 斯坦姆 医含					<u></u> 8
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AME			NAME			医神经束骨	TY A		
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ITY-ST-ZIP			CITY:	ST-ZIP, EV		<b>建筑市域</b>		AA SAS	(1)
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AME			NAME	44 A 4 A					
TREET ADDRESS			表表: 20 mg	T. ADDRESS		中心影响	的位		
			2 V VSN/	e ser of sign	"你就是我们就是这种的是一种,但是我们就是一个人。" 第一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个	(下版) 经通过	1.	STREET, THE TOWN	284

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: Scott J. Seligman, President of Seligman FLP, Inc. Ma

4/26/02

248-862-8000