LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 09, 2002 8:00 am Secretary of State

DOCUMENT # L01000022645 1. Entity Name						Secretary of State 04-09-2002 90735 045 ****50.00				
REGENCY	Y AT PLANTATION A	CRES, LC								
DO NOT WRITE IN THIS SPACE						80061766				
	ace of Business UNIVERSITY DRIVE	3. Mailing Address SAME								
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	SPRINGS, FL	City & State			4. FEI Number 65-11+9729 Applied For Not Applicable					
^{Zip} 33065	Country US	Zíp	Coun	try		ficate of Status Desired			Additional equired	
					⁄7 Name	and Address of Current	Registered A	ger	ıt — — — — —	
DO NOT WRITE					REES B GILLESPIE, III Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE			**************************************	1515 S	S. FEDERAL HWY., SUITE 300					
				City BOCA F			FL	_	33432	
8. The above 1	named entity submits this statement for	the purpose of changing its	registere			or both, in the State of Flo	rida.			
SIGNATURE _	Signature typed or printed name of registered agent a	nd title if applicable				2	- 2 5 - 0'	2		
3		Make Check Pay	yable te	\$50.00 Department MAY 1	of State					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM MARTZ ENTERPRIS PROFIT SHARING 2852 UNIVERSITY CORAL SPRINGS F MGR DAVID LEVINE 2852 UNIVERSITY	ES INC PLAN & TRÚST DRIVE L 33065	CITY- TITLE NAME STREE	E ET ADDRESS -ST-ZIP						
TITLE :- NAME STREET ADDRESS CITY-ST-ZIP	- CORAL SPRINGS	FL <u>33</u> 065	TITLE NAME STRE			DO NOT	WRIT	E		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY-	ET ADDRESS ST-ZIP		IN THIS S	SPAC	E		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				i						
TITLE NAME STREET ADDRESS			TITLE NAME STREE				٠			

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.

CITY-ST-ZIP

SIGNATURE:

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

CITY-ST-ZIP

2.21.02 954.755.17

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Daytime Phone