AMENDED.

LIMITED LIABILITY COMPANY NIFORM BUSINESS REPORT (UB

02-2<del>4</del>-2<del>00</del>3 90<del>0</del>57 020 \*\*\*\*50.00 L01000022653

FILED

|                           | MENT #  | 33 KEFOK   | 10                       | DIX)   | 1,            |                | 03 APR -9 AM 7: 14                                   |                        |  |  |
|---------------------------|---|--|--------------------------|--|---------------|----------------|--|------------------------|--|--|
| DOCUMENT # 1. Entity Name |   |  |                          |  |               | 03 APR = 5 AII |  |                        |  |  |
|                           | . 2010000   | 2262 2   |                          |  |               |                | SECRETARY OF STATE                                   |                        |  |  |
| SCMEL                     | D ENTERPRISES, LLC.   |  |                          |  |               | •              | SECRETARY OF STATE<br>TALLAHASSEE FLORIDA            |                        |  |  |
|                           |   |  |                          |  |               |                |  |                        |  |  |
|                           | DO NOT WRITE  | IN THIS SPA  | <b>ACE</b>               |  |               |                |  |                        |  |  |
|                           |   |  |                          |  |               |                |  |                        |  |  |
| 2. Principal              | Place of Business   | 3. Mailing Address   |                          |  |               |                |  | MJH                    |  |  |
| 1555 P.<br>Suite, Apt     | ALM BEACH LAKES BLVD  | 1555 PALM BE<br>Suite, Apt. #, etc.                              | ACH !                    | LAKES BLVD   | ,             | 1              | 0  | 21000                  |  |  |
| SUITE                     | ,   | SUITE 1000   |                          |  | (             | $\{ I \mid$    | DO NOT WRITE IN THIS SPACE                           |                        |  |  |
| City & Sta                |   | City & State   |                          |  | 4             | i. K           | El Number  | Applied For            |  |  |
|                           | PALM BEACH, FL  | WEST PALM B  |                          |  | L             | 2              | 26-0039727   | Not Applicable         |  |  |
| Zip 33401                 | Country   | Zip<br>33401   | Col                      | untry  | 5             | . с            |  | Additional<br>lequired |  |  |
| , · · · · ·               | 1   |  |                          |  | Νa            | 1777-0         | and Address of Current Registered Agen               |                        |  |  |
|                           | ÷   |  |                          | Name<br>GLASS, MICH  | ΑE            | ΞL             | e 2 3  | j                      |  |  |
| {                         | DO NOT WRI  | TE   |                          | Street Address (P.0  | O. I          | Вох            | Number is Not Acceptable)                            |                        |  |  |
| }                         | IN THIS SPA   | CE   | •                        | 9196 SE RIVE   | K.            | <u>  [</u>     | RRACE  |                        |  |  |
| }                         | . ;   |  |                          | City   |               |                | , <u>, , , , , , , , , , , , , , , , , , </u>        | Code                   |  |  |
|                           | ·   |  |                          | TÉQUESTA   |               |                |  |                        |  |  |
| 8. The above              | e named entity submits this statement   | for the purpose of changir                                       | ng its re                | gistered office or regist                                  | tere          | d a            | igent, or both, in the State of Florida.             |                        |  |  |
| SIGNATURE                 | Mechael Blass o   | A Monagins   | M C.                     | mber   |               |                | 7/1/0_DATE   | ?                      |  |  |
|                           | Signature, typed or printed name of registe   |  | de.                      |  |               |                | DATE   |                        |  |  |
|                           |   | ł  | FEE                      | IS \$50.00   |               |                |  |                        |  |  |
|                           |   | Make Check   |                          | e to Department of St<br>BY MAY 1                          | ate           | •              |  |                        |  |  |
|                           | MANAGING MEMBERS/ME   | MDEDS  | -T                       |  |               |                | <u></u>  |                        |  |  |
| TITLE                     | MEMBER  | MBERG  | TITL                     | E  |               |                |  |                        |  |  |
| NAME                      | SASSO, ED   |  | NAL                      | J  |               |                | t;   | Ş                      |  |  |
| STREET ADDRESS            | 8818 SE RIVER FRONT TE  | RRACE '  |                          | EET ADDRESS  |               |                |  |                        |  |  |
| TITLE                     | TEQUESTA, FL 33469 MANAGING MEMBER  |  | TITL                     |  |               | _              |  |                        |  |  |
| NAME                      | GLASS, MICHAEL  |  | NAS                      | AE .   |               |                | ,  | . 1                    |  |  |
| STREET ADDRESS            | 9196 SE RIVER TERRACE   |  |                          | EET ADDRESS  |               |                |  |                        |  |  |
| TITLE                     | TEQUESTA, FL 33469  |  | ήπ                       |  |               |                |  |                        |  |  |
|                           | MEMBER<br> WHELIHAN, DAVID  |  | NAM                      | l l  |               |                |  |                        |  |  |
| STREET ADDRESS            | 18629 LOCH POINT CT   |  |                          | EET ADDRESS  |               |                | nother ware  |                        |  |  |
| JUPITER, FL 33458         |   | _  | CITY-ST-ZIP              |  |               | DO NOT WRITE   |  |                        |  |  |
| TITLE<br>NAME             | MEMBER<br>SHAWE, LAWRENCE   |  | , NAM                    | į.   |               |                | IN THIS SPACE  |                        |  |  |
| STREET ADDRESS            | 10221 ALAMANDA BLVD   |  | 67R                      | EET ADDRESS  |               |                |  |                        |  |  |
| CITY-ST-ZIP               | PALM BEACH GARDENS, F   | L 33410  | -                        | -qiz-76-   |               | _              |  | <u>.</u>               |  |  |
| NAME                      | MEMBER  |  | TITL                     |  |               |                |  | ļ                      |  |  |
| STREET ADDRESS            | McGINNUS, CORNELIEUS<br>  121 PENNOCK TRACE DRI'  | VE   |                          | EET ADDRESS  |               |                |  |                        |  |  |
| CITY-ST-ZIP               | JUPITER, FL 33458   | <u> </u>   | СПУ                      | -91-78-  | _             |                |  |                        |  |  |
| TITLE<br>NAME             | MEMBER  |  | TITU<br>NAM              |  |               |                |  |                        |  |  |
| STREET ADORESS            | LYMAN, SANDRA<br>7249 SE SEAGATE LANE   |  |                          | E<br>EET ADDRESS   |               |                |  | ļ                      |  |  |
| CITY-5T-ZIP               | STUART, FL 34997  |  |                          | -ST-ZIP  | _             | _              |  |                        |  |  |
| 11. Thereby carl          | lify that the information supplied with this filtr  | ng does not qualify for the exe                                  | mption s                 | lated in Section 119,07(3)                                 | (i), i        | Flori          | ida Statutes. I further certify that the information |                        |  |  |
| imited liabili            | this report is true and accurate and that my<br>by company or the receiver or trustee empoy | signature shall have the same<br>wered to execute this report a: | e ledanius<br>e ledanius | rrect es if made under oath<br>d by Chapter 608, Florida : | ı; (h<br>Stai | tutes          | am a managing member or manager of the<br>s.         | }                      |  |  |
|                           |   | en /)  |                          | _  |               |                |  |                        |  |  |
| SIGNATU                   | RE: Mula Sub TYPED OF   | A PRINTED HAME OF SIGNERS MANAGEN                                | 69/A                     | SHEW CL  | SEMI          | TATIV          | 4/1/03 (541)762                                      | -///.2:-               |  |  |

## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Attackment ATX

| DOCUN<br>1. Entity Na           | MENT#  |  |                                 |   |  |   | Zox                              |  |  |  |  |
|---------------------------------|--|--|---------------------------------|---|--|---|----------------------------------|--|--|--|--|
| SCMEL                           | LD ENTERPRISES, LLC.   |  |                                 | -   | $\perp$  | Samo  | - 0<br>INIC.                     |  |  |  |  |
|                                 | DO NOT WRITE   | IN THIS SPA  | ACE                             |   |  | 5502Z   | -674                             |  |  |  |  |
| l '                             | Place of Business  | 3. Mailing Address   | ACU 1                           | AVEC BLVD                                       | -  |   |                                  |  |  |  |  |
| Suite, Apt                      | ALM BEACH LAKES BLVD<br>L#, etc  | 1555 PALM BE<br>Suite, Apt. #, etc.                                | <u>AUTI</u>                     | DAKES BLVD                                      |  | DO NOT WRITE IN THIS  | SPACE                            |  |  |  |  |
| SUITE 1000                      |  | SUITE 1000   |                                 |   |  |   |                                  |  |  |  |  |
| City & State                    |  | }  | City & State WEST PALM BEACH, I |   |  | Number<br>0039727 \$5   | Applied For                      |  |  |  |  |
| Zip                             | PALM BEACH, FL Country   | Zip Zip  |                                 | i, FL<br>Intry                                  |  | ficate of Status Desired  | Not Applicable \$5.00 Additional |  |  |  |  |
| 33401                           |  | 33401  |                                 | <del></del>                                     |  |   | Fee Required                     |  |  |  |  |
| <u> </u>                        | • .  |  |                                 | Name  | 7. Name an   | d Address of Current Registe  | red Agent                        |  |  |  |  |
| •                               | DO NOT MIN   | <b></b>  |                                 | GLASS, MIC                                      | GLASS, MICHAEL<br>Street Address (P.O. Box Number is Not Acceptable) |   |                                  |  |  |  |  |
|                                 | DO NOT WRI   |  |                                 | 9196 SE RI                                      | VER TERI   | RACE  |                                  |  |  |  |  |
|                                 | IN THIS SPA  | ACE  |                                 |   |  |   |                                  |  |  |  |  |
|                                 | •  |  |                                 | City<br>TEQUESTA                                |  | F   | Zip Code<br>33469                |  |  |  |  |
| 8. The above                    | e named entity submits this statemen   | t for the purpose of changing                                      | ng its re                       |   |  | nt, or both, in the State of Florida  | g.                               |  |  |  |  |
| SIGNATURE                       | Mickey   | Darron more  | ~.k.~                           | mente.  | _  | 7//   | 102                              |  |  |  |  |
| OIOIOTORE                       | Signature, typed or printed name of regis  | tered agent and title if applicat                                  | xia.                            |   |  |   | DATE                             |  |  |  |  |
|                                 |  | Make Check   | Payable                         | IS \$50:00<br>e to Department o<br>BY MAY 1     | f State  |   |                                  |  |  |  |  |
| 9.                              | MANAGING MEMBERS/M   | EMBERS   | Т.                              |   |  | <u> </u>  |                                  |  |  |  |  |
| TITLE                           | MEMBER   | <del></del>  | TITL                            | E   |  | , , ,   |                                  |  |  |  |  |
| NAME<br>STREET ADDRESS          | HEINE, CHRIS   |  | NAM                             | EET ADDRESS                                     |  | iet :   |                                  |  |  |  |  |
| CITY-ST-ZIP                     | 2201 CANAL DRIVE<br>PALM BEACH GARDEN, F   | 1 33410  |                                 | /-ST-ZIP  |  |   |                                  |  |  |  |  |
| TITLE                           | FACINI BEACIT GARDEIN, F   | C 33410  | 1m                              | <u> </u>  |  |   |                                  |  |  |  |  |
| NAME                            |  |  | NAW                             | · I   |  |   |                                  |  |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |  |                                 | EET ADDRESS<br>/-5T-ZIP                         |  |   |                                  |  |  |  |  |
| TITLE                           |  |  | пты                             | <del></del>                                     |  | <u> </u>  | ·                                |  |  |  |  |
| NAME                            |  |  | NAM                             | ie  |  |   |                                  |  |  |  |  |
| STREET ADDRESS                  |  |  | - 6                             | EET ADDRESS                                     |  | DO NOT WR   | ite                              |  |  |  |  |
| CITY-ST-ZIP                     |  |  | TITL                            | -BT-ZIP   |  | <del>,</del>  |                                  |  |  |  |  |
| NAME                            |  |  | NAM                             |   |  | IN THIS SPA   | CE                               |  |  |  |  |
| STREET ADDRESS                  |  |  | STR                             | EET ADDRESS                                     |  |   |                                  |  |  |  |  |
| City-8T-ZIP                     |  |  | 4-                              | -8T-ZIP   |  |   |                                  |  |  |  |  |
| TITLE<br>NAME                   |  |  | LLLI                            | I .   |  |   |                                  |  |  |  |  |
| STREET ADDRESS                  |  |  | 1                               | RET ADDRESS                                     |  |   |                                  |  |  |  |  |
| CITY-ST-ZIP                     |  |  | СПУ                             | ST-ZIP  |  |   |                                  |  |  |  |  |
| TITLE                           |  |  | TITL                            | 1   |  | _ •   |                                  |  |  |  |  |
| NAME                            | ,  |  | NAM                             | - 1   |  | Ç.  | •                                |  |  |  |  |
| STREET ADDRESS  <br>CITY-ST-ZIP |  |  |                                 | ST-ZIP  |  | ·   |                                  |  |  |  |  |
| indicated on                    | tify that the information supplied with this is<br>this report is true and accurate and that m<br>ty company or the receiver or trustee ampo | y signature shall have the sam<br>swered to execute this report as | e legal el                      | ffect as if made under<br>d by Chapter 608, Flo | oeth; that i am<br>rida Statutes.                                    | Statutes. I further certify that the infor<br>a managing member or manager of | rmation<br>the                   |  |  |  |  |
| SIGNATU                         | RE. Maha. O.   | 30   |                                 |   | hou  | 4/1/02 (41)   | 17/2-/112                        |  |  |  |  |