

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92180 036 *****50.00

DOCUMENT # L02000003833

1. Entity Name
LEESBURG DRUGSTORE, LLC



4210

Principal Place of Business

% ALAN J. MARCUS
20803 BISCAYNE BLVD., SUITE 301
AVENTURA FL 33180

Mailing Address

% ALAN J. MARCUS
20803 BISCAYNE BLVD., SUITE 301
AVENTURA FL 33180

2. Principal Place of Business

% Equity One Realty & Management, Inc.
Suite, Apt. #, etc.
1696 N.E. Miami Gardens Drive

3. Mailing Address

% Equity One Realty & Management, Inc.
Suite, Apt. #, etc.
1696 N.E. Miami Gardens Drive

City & State
North Miami Beach, FL

City & State
North Miami Beach, FL

4. FEI Number
04-3629873

Applied For
Not Applicable

Zip Country
33179 USA

Zip Country
33179 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCUS, ALAN J
20803 BISCAYNE BLVD., SUITE 301
AVENTURA FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
EQUITY ONE REALTY & MANAGEMENT, INC.
STREET ADDRESS
1696 N.E. MIAMI GARDENS DRIVE
CITY-ST-ZIP
NORTH MIAMI BEACH FL 33179

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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.

SIGNATURE: SIGNATURE REQUIRED

4-30-03

305-672-1234

CR2E083 (10/02)