2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2003 8:00 am Secretary of State 05-06-2003 90066 019 ****50.00

### ADDITION FOR COUNTY SO ALTON ROAD, SUTE 3103 NAME BEACH, FL 33139 ### ADDITION ROAD, SUTE 3103 NAME ROA	1. Entity Nam	MENT #L0200000 ESTATE HOLDINGS, LL					03-06-200.		J19 · · · ·	30.00	
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Applied For		€, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF	F MAKING (CHANGES		
S. Certificate of States Desired Five Required Five Required JONATHAN J. LICHTMAN, P.A. 120 E PALMETTO PARK RD SUITE 100 BOCA RATON, FL 33432-0000 City FL Zip Code 8. The above named entity susmits 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 origination of registered agent. SIGNATURE Typeton, 19,00 to present amount of agencies agent action is a factors. Office Name and Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity susmits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the origination of registered agent. SIGNATURE Typeton, 19,00 to present amount of agencies agent action is a factors. Office Name and Address of Protein. I am familiar with, and accept the origination of registered agent. ONE Typeton, 19,00 to present amount of agencies agent. ONE Typeton, 19,00 to present agent. ONE Typeton, 19,00 to present amount of agencies agent. ONE Typeton, 19,00 to present agent.	" City & State		City & State	City & State		4. FEI Numbe	Applied F	pplied For			
JONATHAN J. LICHTMAN, P.A. 120 E PALMETTO PARK RD SUre 1 Address (P.O. Box Number is Not Acceptable) Size 1 Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Forcia. I am farmiliar with, and accept the conglations of registered agent. SIGNATURE True move in the conglations of registered agent. MANAGING MEMBERS / NUMBERS / DUE By May 1, 2003 PLEX NOW ID. TEEL IS SAQ QQ. PLEX NOW MAY TO BE SAQ QQ. PLEX NOW MAY TO SAQ	Zip	Country	Zip	Country	·	5. Certificate of	of Status Desired	ed \$5.00 Addition Fee Required		litional d	
Sinest Address (P.O. Box Number is Not Acceptable) City City FL Zip Code City FL		6. Name and Address of Curr	ent Registered Agent		Name	7. Name and	Address of New Re	gistered A	ent		
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Make Cheek Payable to Florida Department of State Due Sy May 1, 2003	SIGNATURE	Signature, typed or primed name of registered a	gent and title if applicable. (NO	A tبه منونو TE: Play	gentsignature required	d within réinstaiting)		CATE			
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indicated on this report is true and accordate and then 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 of the reactiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. SIGNATURE: Jonathan J. Lichtman, Authorized 5/1/03 (305) 538-0955	NAME STREET ADDRESS		· □ Delete	NAME STREET.	'				Change	Addition	
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Representative