

FILED
May 16, 2003 8:00 am
Secretary of State

04-18-2003 90077 043 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

4/

DOCUMENT # L02000005997

1. Entity Name

3501 WAREHOUSE CENTER, LLC



Principal Place of Business

**6280 NW 27TH WAY
 FT. LAUDERDALE FL 33309**

Mailing Address

**6280 NW 27TH WAY
 FT. LAUDERDALE FL 33309**

44001787



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

38-3647410

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLARK, THOMAS M
 2400 EAST COMMERCIAL BLVD.
 SUITE 820
 FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

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

TITLE: **MGR** Delete
 NAME: **DIBATTISTA, SALVATORE**
 STREET ADDRESS: **6280 NW 27TH WAY**
 CITY-ST-ZIP: **FT. LAUDERDALE FL 33309**

TITLE: **MGR** Delete
 NAME: **DIBATTISTA, ANDREW J**
 STREET ADDRESS: **6280 NW 27TH WAY**
 CITY-ST-ZIP: **FT. LAUDERDALE FL 33309**

TITLE: Delete
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10. ADDITIONS/CHANGES

TITLE: Change Addition
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TITLE: Change Addition
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 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

04-16-03

Date

954-979-4600

Daytime Phone #

CR2E083 (10/02)