2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State
05-27-2003 90056 016 ****50.00

DOCUMENT # L02000009666

1. Entity Name

1328 NORTH N STREET, L.L.C.

Principal Place of Business	Mailing Address
3750 COVENTRY LANE BOCA RATON FL 33496	3750 COVENTRY LANE BOCA RATON FL 33496

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
751 N.E 6TH ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BOCA RATON, FL	
Zip: 33460 Country	Zip Country

4. FEI Number ☑ Applied For ☐ Not Applicable

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
SALIM, WILLIAM G JR. C/O MOSKOWITZ, MANDELL, SALIM & SIMOWITZ 800 CORPORATE DRIVE, SUITE 510 FORT LAUDERDALE FL 33334	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 / STREET ADDRESS / CITY-ST-ZIP	MGRM OLD FLORIDA PROPERTY HOLDINGS, INC. 3750 COVENTRY LANE BOCA RATON FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: Sandra Feibelman RECEIVED May 1, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #