2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200009666

1328 NORTH N STREET, L.L.C.



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

-2°									
Principal Plac	e of Business	Mailing Address			7				
3750 COVENTR BOCA RATON		3750 COVENTRY LANE BOCA RATON FL 3349				, 4.			
2. Principal Place of Business 3. Mailing Address 7. () A. S. C. T.H. S.T.									
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Stat	NATON, FL	City & State	City & State			ber			oplied For ot Applicable
Zip	Country	Zip			5. Certificate of Status Desired \$5.00 Address Require				
	6. Name and Address of Curre	ent Registered Agent			7Name ar	nd Address of New I	Registered A	gent	
CAL	DA MATERIANA C. ID			Name		Ŧ			ļ
SALIM, WILLIAM G JR. C/O MOSKOWITZ, MANDELL, SALIM & SIMOWITZ				Street Address (P.O. Box Number is Not Acceptable)					
	Corporate Drive, Suite 516 It Lauderdale FL 33334	U							
				City			FL	Zip Code	e
	named entity submits this statementions of registered agent. Signature, typed or printed name of registered agent.			ed office or registe d Agent signature requir		ooth, in the State of FI	orida. I am fa	imiliar with,	and accept
	4.85	cur	- NOWILL E	CE IC CEO OG					
2	•	•		FEE IS \$50.00					
b .	• •	Make Check Pay	•	-	ent of State				
Ň			Due By Ma	ay 1, 2003					
9. 1		IBERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGRM Delete TITLE							Change	Addition (
NAME	OLD FLORIDA PROPERTY HOLDINGS, INC.								
STREET ADDRESS	3/30 COVENTRI EARL			ET ADDRESS - ST- ZIP					}
CITY-ST-ZIP	BOCA RATON FL 33496								☐ Addition
TITLE	•	☐ Delete	TITLE NAMI					☐ Change	☐ Addition
NAME STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					j
TITLE *	and the same of	Delete ~	TITLE				= £	Change	☐ Addition
NAME		L Delctic	NAMI						
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE	·		-		☐ Change	Addition
NAME	1		NAMI						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAMI STRE	E ET ADDRESS					Ì
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					
		□ 5-t-:	TITLE				······	☐ Change	Addition
TITLE NAME		☐ Delete	NAMI						L.J AGGRIGIT
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
11. I hereby o	certify that the information supplied v	with this filing does not quali	fy for the exer	mption stated in S	Section 119.07(3	3)(i), Florida Statutes	I further cert	ify that the ir	nformation

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 men limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone #