FILED 8:00 am 8

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # LO2000(akeside drive, l.l.c.	009667			Secretary of State 05-27-2003 90056 038 ****50.00			
Principal Place of Business 3750 CO ENTRY LANE BOCA RATON FL 33496		Mailing Address 3750 COVENTRY LANE BOCA RATON FL 33496						
· ·								
	Place of Business N. S. 69TH ST	3. Mailing Address	Mailing Address			THE COURT OF THE BOAR O	JUJU 1886 1866	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State BOCA 1.4-70N FL		City & State			nber		pplied For ot Applicable	
^{Zip} 3346	O Country	Zip	Country	5. Certifica	ate of Status Desired	\$5.00 Add Fee Require		
	6. Name and Address of Curren	t Registered Agent	None	7. Name a	nd Address of New Registe	red Agent		
SAL	IM, WILLIAM G JR.	Name	Name					
C/O MOSKOWITZ, MANDELL, SALIM & SIMOWITZ			Street Addre	ess (P.O. Box Nun	(P.O. Box Number is Not Acceptable)			
	CORPORATE DRIVE, SUITE 510 RT LAUDERDALE FL 33334							
FOR	II DAUDENDALE PL 33334		City			FL Zip Cod	le	
	named entity submits this statement f	for the purpose of changing its	registered office or reg	istered agent, or I			and accept	
the obligat	ions of registered agent.							
SÍGNATURE .	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE	: Registered Agent signature red	quired when reinstating)	D/	ATE		
ſ		FILE NO	W!!! FEE IS \$50.0	00				
1	,	Make Check Payabl	•	ment of State	-			
			By May 1, 2003					
9.	MANAGING MEMB		10.		ADDITIONS/CHAN		☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLD FLORIDA PROPERTY HOL 3750 COVENTRY LANE	DINGS, INC.	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE	BOCA RATON FL 33496	□ Delete	TITLE			☐ Change	Addition	
NAME		_ bolat	NAME			onango		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		□ Delete	TITLE			☐ Change	☐ Addition	
NAME -	er e		NAME	∼ .	والمهيدين مما			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZiP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
name Street address			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				ĺ	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME CTREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME				[
CITY-ST-ZIP		•	STREET ADORESS 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.

Daytime Phone #