2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

| Entity Nam | MENT # LO20000 sociates, ILC | | | | : i0 | | | | | |
|---|---|---|-------------------------------------|---|---|------------------------------|---------------|--------------------------|---------------------------|-----------------|
| Principal Place of Business 2201 CORPORATE BLVD. N.W., STE. 200 BOCA RATON FL 33431 2. Principal Place of Business | | Mailing Address 2201 CORPORATE BLVD BOCA RATON FL 33431 | 2201 CORPORATE BLVD. N.W., STE. 200 | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
| | | 3. Mailing Address | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | | | | |
| City & State | | City & State | City & State | | 4. FEI Num 71- | ber -0883288 | | | plied For t Applicable |] |
| Zip Country | | Zip | Country | | 5. Certifica | te of Status Desired | | 55.00 Add ee Required | | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name a | nd Address of New | Registered A | gent | |] |
| JEFI | FREY A. DEUTCH, P.A. | | | Name | | | | | | |
| 7777 BOC | | | | dress (P.O. Box Number is Not Acceptable) | | | | | - | |
| | | | | City | | | FL | Zip Code | | 1 |
| 8 The above | named entity submits this statement for | or the nurnose of changing | ite register | ed office or register | red agent or h | ooth in the State of Fl | | miliar with | and accept | - |
| | ions of registered agent. | or the perpede or changing | no regionori | oo omaa o. rogioto. | ou ago, or a | out, in the etate of the | | | | 1 |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable (Ali | OTF: Benistere | d Agent signature required | when reinstating) | | DATE | | | |
| | Signature, typeo or printed name or registered agent | | | | - Wilding) | | | | | 1 |
| | | Make Check Paya | | FEE IS \$50.00 orida Departme | nt of State | | | | | |
| | | , | | ay 1, 2003 | | | | | | 1 |
| 9 | MANAGING MEMBE | ERS/MANAGERS | 10. | | | ADDITIONS | /CHANGES | | | 1_ |
| TITLE | MGR | ☐ Delete | TITL | | | | | Change | ☐ Addition | 18 |
| NAME Street address { City-st-zip | Joel L. Altman 2201 Corporate Blvd Boca Raton, FL 3343 | | | EET ADDRESS -ST-ZIP | | | | | | CR2E083 (10/02) |
| TITLE | MGR | ☐ Delete | TITL | E | | | | Change | ☐ Addition | 18 |
| NAME | David J. Kessler | | NAM | | | سن بن بندن رسن وسن | | | | |
| STREET ADDRESS CITY-ST-ZIP | 855 South Federal H | | | ET ADDRESS -ST-ZIP | m.A | 700016 /16/03~-010 | 51U4 20016 | 1∠↑ **50 | nn · | |
| TITLE | Boca Raton, FL 3343 | Delete | TITL | | | (10/00010 | | Change | Addition | 1 |
| NAME Street Address City-St-Zip | | | | EET ADDRESS -ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLI NAM STRE | | | | | Change | Addition | 1 |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | | | - |
| TITLE | | ☐ Delete | TITL | | | | | ☐ Change | ☐ Addition | |
| NAME Street address City-St-Zip | | | | EET ADDRESS -ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | |] | | | | Change | Addition | |
| indicated | certify that the information supplied with on this report is true and accurate and billity company of the receiver or truster | i that my signature shall hav | e the same | e legal effect as if n | nade under oa | ith; that I am a mana | | | | 1 |

4/4/03

Date

(561) 997-8661

Daytime Phone #