02/12/2003 13:30 FAX 561 995 7151 LEHMAN Realty Services
02/11/2003 15:11 5619999400 LLOYD GRANET

FILED
Feb 17, 2003 8:00 am
Secretary of State
01-29-2003 90065 002 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/2!

DOCUMENT # L02000012221

1. Entity Name: CAMBRIDGE ASSET HOLDINGS L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2295 NW Corporate Blvd.	2295 NW Corporate Blvd
Suite, Apt. #, etc.: Suite 235	Suite, Apt. #, etc.: Suite 235
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33431 Country: USA	Zip: 33431 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3697742 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Lloyd Granet, PA

Street Address (P.O. Box Number is Not Acceptable): 2295 NW Corporate Boulevard Suite 235

City: Boca Raton FL Zip Code: 33431

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. DATE ______

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER JERRY LEHMAN 5301 N. FEDERAL HWY #190 BOCA RATON FL 33487	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #