2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90064 039 ****50.00

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DOCUMENT # L02000012923

1. Entity Name

520 ASSOCIATES, LLC

Principal Place of Business	Mailing Address
828 NE 17TH WAY ~~STE. 3~~ FT LAUDERDALE FL 33304	828 NE 17TH WAY STE. 3 FT LAUDERDALE FL 33304

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Unit 3	P.O. Box 4567 Suite, Apt. #, etc.
City & State	City & State Ft. Lauderdale, FL
Zip / Country	Zip 33338 / Country BROWARD

4. FEI Number 82-6097375 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PANTORI, MICHAEL M JR
646 JUNEBERRY COURT
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name Peter J. Addison
Street Address (P.O. Box Number is Not Acceptable)
820 N.E. 17th WAY
City Ft. Lauderdale FL Zip Code 33304

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 X _____ Peter J. Addison 04/29/03
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	☐ Delete	MGRM Peter Addison 820 N.E. 17th Way Ft. Lauderdale, FL 33304	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	MGRM Edward Joedan 2360 S.E. 9th Street Pompano Beach, FL 33062	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition

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: X SIGNATURE REQUIRED Peter J. Addison 04/29/03 954-525-1237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #