FILED
May 12, 2003 8:00 am
Secretary of State
04-21-2003 90408 035 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

OCUMENT # L02000013148

4/21/

Entity Name
3569 N. DIXIE HWY, LLC

ncipal Place of Business	Mailing Address
ISLE OF CAPRI AUDERDALE FL 33301	~~524 ISLE OF CAPRI~~ ~~FT LAUDERDALE FL 33301~~

2002 0460 0000 4198 2445

Principal Place of Business	3. Mailing Address C/O BRIAN LYNN
Suite, Apt. #, etc.	Suite, Apt. #, etc. TWO SO. UNIVERSITY DR STE 215
City & State	City & State PLANTATION, FL
Zip / Country	Zip 33324 / Country BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0725285 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BATES, JAMES T
~~524 ISLE OF CAPRI~~
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

. 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.

IGNATURE ______________________
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

MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BATES, JAMES T 524 ISLE OF CAPRI FT LAUDERDALE FL 33301 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #