FILED May 14, 2003 8:00 am Secretary of State

Dayline Phone 4

2003 LIMITED LIABILITY COMPANY

04-28-2003 90095 003 ****50.00 4/. **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L02000014609 LAKE WORTH GARDENS COMMUNITY, L.L.C. Principal Place of Business Mailing Address 44001600 1801 CLINT MOORE ROAD, SUITE 200 1801 CLINT MOORE ROAD, SUITE 200 BOCA RATON FL 33487 BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address 3927 Hadjes Drive 3927 Hadjes Drive Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied Far 02-0620175 Lake Worth Not Applicable Lake Wor Country Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required USA 33467 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Philip Rosenberg</u> MUCHNICK, SANFORD'L" Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD., SUITE 620-N HOLLYWOOD FL 33021 3927 Hadjes Drive Lake Worth 8. The above named entity subvis this statem ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida, t am familiar with, and accept the obligations of registeres Signature, typed (NOTE: Registered Agent signature regulred when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 9, ADDITIONS/CHANGES 10. Change TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CR2E083 CITY-ST-ZIP CITY-ST-ZIP ☐ Oelele TITLE Change |] Addition NAME NAME STREET ADDRESS STREET ADORESS CITY+ST-ZIP CITY - ST - ZIP TITLE D Delete MGRM X Addition NAME Robert J. Weinstein-817 Country Club Lane NAME. STREET ADDRESS STREET ADDRESS COY-ST-719 CITY-ST-7/P Northbrook, IL 60062 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP 71T<u>1.E</u> Delete Addition TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 receipt in true empoyered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE