

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90095 002 *****50.00

0032665

DOCUMENT # L02000014610

1. Entity Name

PRESTIGE PROPERTIES, L.L.C.



Principal Place of Business

**1801 CLINT MOORE ROAD, SUITE 200
BOCA RATON FL 33487**

Mailing Address

**1801 CLINT MOORE ROAD, SUITE 200
BOCA RATON FL 33487**

2. Principal Place of Business

3927 Hadjes Drive

3. Mailing Address

3927 Hadjes Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth FL

City & State

Lake Worth FL

4. FEI Number

02-0620181

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MUCHNICK, SANFORD L
4000 HOLLYWOOD BLVD., SUITE 620-N
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

Philip Rosenberg

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

3927 Hadjes Drive

City

Lake Worth

FL

Zip Code

33467

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MGRM
Melvin Rosenberg
676 N. St. Clair Suite 2200
Chicago, IL 60611**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24/03

CR2E083 (10/02)