

FILED
Jun 23, 2003 8:00 am
Secretary of State

05-23-2003 90047 002 ****50.00

5/23

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000017215					
1. Entity Name DUNN & GELMAN, L.L.C.					
Principal Place of Business 1450 MADRUGA AVENUE 302 CORAL GABLES FL 33146 US			Mailing Address 1450 MADRUGA AVENUE 302 CORAL GABLES FL 33146 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0730388	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DUNN, MARCIA T 1450 MADRUGA AVENUE 302 CORAL GABLES FL 33146				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	PRESIDENT	MARCIA T. DUNN	1450 MADRUGA AVE #302	CORAL GABLES FL 33146	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	VICE PRESIDENT	LYNN H. GELMAN	1450 MADRUGA AVE #302	CORAL GABLES FL 33146	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
10. ADDITIONS/CHANGES					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Marcia T. Dunn</i> REQUIRED 4/20/03 305-668-6681					

CR2E03 (10/02)

Attachment

44004955

#LD2000017215

DUNN & GELMAN, LLC

Attorneys at Law
1450 Madruga Avenue, Suite 302
Coral Gables, Florida 33146
Telephone (305) 668-6681
Telefax (305) 668-6682

Marcia T. Dunn, P.A.
Lynn Gelman, P.A.

□+*Marcia T. Dunn
+*Lynn H. Gelman
Keith J. Schaefer

* Board Certified, Consumer Bankruptcy
by American Board of Certification
+ Certified Mediator, Supreme Court,
State of Florida-Civil Court, Family
and Bankruptcy
□ Panel Bankruptcy Trustee, Southern
District of Florida

May 19, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

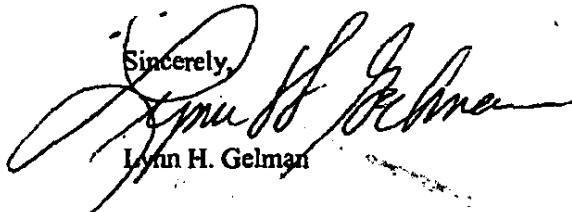
Re: Dunn & Gelman, L.L.C.

To whom it may concern:

Enclosed please find Uniform Business Report form along with my check No. 1006 in the amount of \$50.00 regarding the above-referenced Corporation. I apologize for the delay sending in this form, but I was under the assumption that it was done online.

Should you have any question regarding the foregoing, please do not hesitate to contact the undersigned.

Sincerely,


Lynn H. Gelman