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	Mailing Address
1450 MADRUGA AVENUE 302 CORAL GABLES FL 33146 US	1450 MADRUGA AVENUE 302 CORAL GABLES FL 33146 US

*****44004955

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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 ____________________
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	President MARCIA T. DUNN. 1450 MADRUGA AVE #302 CORAL GABLES FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President LYNN H. GELMAN 1450 MADRUGA AVE #302 CORAL GABLES FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E063 (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: Marcia T. Dunn SIGNATURE REQUIRED 4/30/03 305-668-6681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

440049 55 [redacted]
#L02000017215

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