2003 LIMITED LIABILITY COMPANY

FILED May 05, 2003 8:00 am

<u> </u>	HIPURM BUSINE	33 NEFUN	<u> </u>	DR)	- J/J	Secre	tary oi	State	,
DOCUMENT # LO2000019355 1. Entity Name 18 NORTHEAST 26TH DRIVE, LLC							03 90147 009 °		
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Principal Place of Business		Mailing Address		ეეიეეეგ					
3200 NORTH OCEAN BOULEVARD, UNIT 509 FT LAUDERDALE FL 33308		3200 NORTH OCEAN BOULEVARD, UNIT 509 FT LAUDERDALE FL 33308							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #. etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Number 355040 Applied For Not Applicable]	
Zip	Country	Zip	Count	try	5. Certifica	ite of Status Desired	□ \$5.00 Fee Req	Additional	7
	6. Name and Address of Current F	legistered Agent		a	7. Name a	nd Address of New R	egistered Agent		∄•
				-Name		<u></u>			7
LEEDS, MARILYN 3200 NORTH OCEAN BOULEVARD, UNIT 509				Street Address	eet Address (P.O. Box Number is Not Acceptable)				
FIL	AUDERDALE FL 33308								
				City			FL Zip C	iode	
the obligat	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent an		_	d office or register		ooth, in the State of Flo	rida. I am familiar wi	th, and accept	
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		Make Check Payabl	e to Fla	EE IS \$50.00 Irida Departme by 1, 2003	nt of State		٠		
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES	<u></u>	1
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indicated (ertify that the information supplied with the on this report is true and accurate and the	nis filing does not qualify for I at my signature shall have th	the exem	ption stated in Sec egal effect as if m	tion 119.07(3) ade under oat	(i), Florida Statutes. I i h; that I am a managir	further certify that the	information ger of the	

PRINTED NAME OF SECRETARY MANAGER, OR AUTHORIZED REPRESENTATIVE