

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-16-2003 90036 001 ****50.00

DOCUMENT # L02000019382					
1. Entity Name 3716 INTERSTATE, L.L.C.					
Principal Place of Business 6351 N.W. 28TH WAY, SUITE A FORT LAUDERDALE FL 33309			Mailing Address 6351 N.W. 28TH WAY, SUITE A FORT LAUDERDALE FL 33309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 55-0790387	
6. Name and Address of Current Registered Agent MCCORRY, J. WALTER 1512 EAST BROWARD BOULEVARD, SUITE 200 FORT LAUDERDALE FL 33301				7. Name and Address of New Registered Agent Name <u>David H. Fee</u> Street Address (P.O. Box Number is Not Acceptable) <u>6351 NW 28th Way Suite A</u> City <u>Ft. Lauderdale</u> FL Zip Code <u>33309</u>	
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 <u>[Signature]</u> <u>David H. Fee</u> DATE <u>4/9/03</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM FEE, DAVID H <input type="checkbox"/> Delete 6351 N.W. 28TH WAY, SUITE A FORT LAUDERDALE FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEE, MICHAEL E <input type="checkbox"/> Delete 6351 N.W. 28TH WAY, SUITE A FORT LAUDERDALE FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIBBLE, MARK <input type="checkbox"/> Delete 6351 N.W. 28TH WAY, SUITE A FORT LAUDERDALE FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] REQUIRE David H. Fee DATE <u>4/9/03</u> DAYTIME PHONE # <u>954-978-2388</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

CR2E083 (10/02)