2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020741

AMSPROP FLORIDA, LLC



FILED
Jan 09, 2003 8:00 am
Secretary of State
01-09-2003 90201 016 ****50.00

Secretary Country Sip	BOCA RATON FL 33429 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City & State City & State Country Zip Country E. Name and Address of Current Registered Agent Name	CHECK HERE IF MAKING CHANGES 4. FEI Number (31-1424203 Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required
Suito, Apt. #, etc. Suito, Apt. #, etc. GHECK HERE IF MAKING CHANGES Zip Country Zip Country S. Certificate of Satus Desirod S. South Applicable For North Applicable S. Certificate of Satus Desirod S. South Applicable S. South Applicable S. South Applicable S. South Additional S.	Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Country Suite, Apt. #, etc. City & State A Zip Country F Country Name Name	CHECK HERE IF MAKING CHANGES 4. FEI Number (31-1424203 Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required
City & State City & State City & State Country Country Zip Country E. Name and Address of Current Registered Agent For Required For Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent Street Address (P.O. Dox Number is Not Acceptable) City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptate the chilippation of registered agent, or both, in the State of Florida. I am familiar with, and acceptate the chilippation of registered agent. SIGNATURE SIGNATURE MARK FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS /MANIAGERS ID. ADDITIONS /CHANGES ITTLE NAME SIRET MORESS CITY-51-2P	City & State City & State Zip Country Zip Country E 6. Name and Address of Current Registered Agent Name Name	4. FEI Number G1-1424203 Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required
Zip Country Zip Country Zip Country 5. Country 6. Country 6. Country 7. Name and Address of New Registered Agent 7. Name and Address of New Reg	Zip Country Zip Country 8 6. Name and Address of Current Registered Agent 7 Name	61-1424203 Not Applicable 5. Certificate of Status Desired □ \$5.00 Additional Fee Required
Second S		5. Certificate of Status Desired Status Desired Fee Required
Name Street Address (RO. Box Number is Not Acceptable)	LEVIN, ZVI NORTH	7. Name and Address of New Registered Agent
Street Address (PO. Box Number is Not Acceptable)	*LEVIN, ZVI NORTH	
SITURE MARIA DECS ARTON FL 33431 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE City FL Zip Code	Street Address (P.O.	•
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Price Pri		O. Box Number is Not Acceptable)
SIGNATURE Signature, typeot or ormed nerve of registered agent and time it applicable. (NOTE Registered Agent eignature required when reinstating) DATE	City	FL Zip Code
S. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition MAME LEVIN, ZVI STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP	the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required who	
MGRM LEVIN, ZVI NAME STREET ADDRESS CITY-ST-ZIP TITLE	Make Check Payable to Florida Department	
INTE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP A	9. MANAGING MEMBERS/MANAGERS 10.	ADDITIONS/CHANGES
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE MGRM Delete TITLE	☐ Change ☐ Addition
STREET ADDRESS 2070 NORTH OCEAN BLVD. #3 STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP BOCA RATON FL 33431		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-S		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	TILE	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE Addition Addi	NAME.	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Addition	OTOFICE ADMINISTRA	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TIT	arm or the	
NAME STREET ADDRESS CITY-ST-ZIP TITLE TIT		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE THE	MANE	
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TO Delete TITLE TITLE TITLE TO Delete	CTOSET ADDRESS	
TITLE	ALTY OF ZID	
NAME STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE TITLE TITLE ADDRESS CITY-ST-ZIP TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TI		
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete TITLE Change	■	
TITLE	NAME NAME	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition	NAME STREET ADDRESS STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP TITLE Change Addition	NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE	☐ Change ☐ Addition
TITLE Delete TITLE Change Addition	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	☐ Change ☐ Addition
THE SOURCE STATE OF THE STATE O	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS	☐ Change ☐ Addition
NAMAL I	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TODIL	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TITLE TITLE Delete TITLE TITLE TITLE TITLE TITLE TITLE TITLE	
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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