2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 27, 2003 8:00 am Secretary of State

3/7/

1. Entity Nam	MENT # LO2000 WESTMENTS, L.L.C.				03-07-2003 90014 023 ****50.00					
Principal Place of Business C/O MARTIN A. SHUGAR 3520 N. 30TH TERRACE HOLLYWOOD FL 33021		Mailing Address								
		3520 N. 30TH TERRA	C/O MARTIN A. SHUGAR 3520 N. 30TH TERRACE HOLLYWOOD FL 33021			T INCHINATE BIT BOME ANNIA BOTH BOTH SOME BOME NIGHO INDIA DIGHT BOTH TOOL FOOT				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			- CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Num 5.5				pplied For of Applicable	,
Zip	Zip Country		Zip Country		5. Certificate of Status Desired Specificate of Spe					
Name and Address of Current Registered Agent						nd Address of New Rog	stered Ager	rt		7
KRAMER, ROBERT M				Name						
4000	MEN, NOBERT M) HOLLYWOOD BLVD., STE. 4 LYWOOD FL 33021	85 SOUTH	оитн [s (P.O. Box Num	ber is Not Acceptable)]
							FL	Zip Cod	le	_
9. The shave	named entity submits this stateme	and fact the average of above		ad adding a secondar	1000 000 00 b	oth in the Ctota of Florid				4
	tions of registered agent.	ant for the purpose of chang	huñ irs ieñisteie	o once or regisi	ierea a ge nt, or b	our, in the state of Honor	a. Lauriarini	ar willi,	and accept	
SIGNATURE .	Signature, typed or printed name of registered	agent and title if amplicable.	(NOTE: Recistered	Agent signature requi	red when reinstating)		DATE			
}	Organia, (pas or printed residual or toposanio		_ _	EE IS \$50.00						1
		Make Check P		rida Departm						
9.	MANAGING ME	MBERS/MANAGERS	10.			ADDITIONS/CH	ANGES			1
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NAME	SHUGAR, MARTIN A		NAME	·]		IJ.				15
STREET ADDRESS	3520 N. 30TH TERRACE			T ADDRESS						18
CITY-ST-7IP HOLLYWOOD FL 33021				ST-ZIP						CR2E083 (10/02)
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11. I hereby certify that the information supplied with this filling 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 of instee empowered to execute this report as required by Chapter 608. Florida Statutes.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SKINING LANAGUNG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Martin Shugar 2/28/03

981-1006