

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 92173 013 \*\*\*\*50.00

0055916

DOCUMENT # L02000027730

1. Entity Name  
SOUTHPOINTE II, LLC



Principal Place of Business

3701 S.W. 112TH AVENUE  
DAVIE FL 33330

Mailing Address

3701 S.W. 112TH AVENUE  
DAVIE FL 33330

2. Principal Place of Business

7901 SW 6CT

3. Mailing Address

7901 SW 6CT

Suite, Apt. #, etc.

STE 150A

Suite, Apt. #, etc.

STE 150A

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33324

Country

Zip

33324

Country

BLOWARD

4. FEI Number

41-2065257

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ.  
C/O THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVENUE, SUITE 2400  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name FRANK C GARDNER  
Street Address (P.O. Box Number is Not Acceptable)  
7901 SW 6CT  
STE 150A  
City PLANTATION FL Zip Code 33324

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

*Frank C Gardner*

4-29-03

**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	PD FRANK C GARDNER 7901 SW 6CT STE 150A PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D W JOHN DISCOLL FIRST NATL BK BLDG ST PAUL MN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUCETTE LEFZGERALD 7901 SW 6CT STE 150A PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETER C GARDNER 7901 SW 6CT STE 150A PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Frank C Gardner*

Date

Daytime Phone #

4-29-03 954 8621428

CR2E083 (10/02)