2003 LIMITED LIABILITY COMPANY

SIGNATURE: By: 31 SIGNATURE AND TYPED OF PARTICIPATION OF THE PARTICIPAT

U	HIFORM BUSI	ME3	9 NEPUN	10	PN							
DOCUMENT # L02000031020 1. Entity Name								FILE	D			
SWERDLOW BOCA DEVELOPMENT COMPANY, LLC								FILED 03 APR 28 AH 8: 30 SECRETARY OF STATE TALLAHASSEE FLORIDA				
Principal Place	e of Rusiness		Mailing Address					YEAT TOOK	07.51	RIBA		
			4651 SHERIDAN STREET. STE. 200-				1	TALLAHASSE	FLEO	(1,12)		
							1 (186)(1	 	 	. 1888) (1884) 48 140 (18	15 WWG 1986	
2. Principal Place of Business			3. Mailing Address									
18755 Biscayne Blvd.			18755 Biscayne Blvd.				. 11 41 11111	ITI ANI ARIKA SIANI SANIK ADI	ii Ce idi Ce de			5 A
Suite, Apt.			Suite, Apt. #, etc.				4/28	XXCHECK HERE	IF MAKII		MJ	HI.
City & State			City & State Aventura, Florida				4. FEI Num			⊢+ ÷	plied For t Applicable	À
Aventura, Florida Zip Country			Zip	try		\$5.00				1		
33180	USA		33180	US	•		5. Certifica	te of Status Desired	X X	Fee Require		
	6. Name and Address of Cur	rrent Reg	istered Agent				7. Name ar	nd Address of New	Registere	d Agent		7
STOTZER, THEODORE R 4651 SHERIDAN STREET, STE. 200					Name Street Address (P.O. Box Number is Not Acceptable)							4
HOLLYWOOD FL 33021				<u></u>							-	
					City				F	Zip Code	•	1
	named entity submits this stateme	ent for the	e purpose of changing its	registere	ed office or	registere	ed agent, or b	oth, in the State of F			and accept]
SIGNATURE .												
	Signature, typed or printed name of registered	agent and ti	, 				when reinstating)		DATE			}
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indicated	ertify that the information supplied on this report is true and accurate bility company or the receiver or true SWERDLOW BY: SWERDLOW	and that	my signature shall have upowered to execute this PMCNT COMPANY	the same report as	legal effect required b	ot as if ma by Chapte	ade under oa	th; that I am a mana Statutes.	ging mem	ber or manager	r of the	
SIGNATURE: By: BONEFISH FITNERS, LLG IVE Languing					•member	, \	· ·	h 20, 2003	(954	4) 981-100	0	
SIGHT	WIII		·					,,		· · ·		1

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #