LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000033567

1. Entity Name

MARGATE CROSSROADS CENTER, LLC



FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90191 010 ****50.00

Daytime Phone #

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|---|---|---|---|------------|--|
| | DO NOT WRITE | IN THIS S | PACE | | 30064041 |
| 2. Principal F | Place of Business . 420 BISCAYA DR. #, etc. | 3. Mailing Address / Y2 o Suite, Apt. #, etc. | BISCAYA. | DR | DO NOT WRITE IN THIS SPACE |
| City & Stat | Country Country | City & State SURFSID | | | 4. FEI Number 33 538 Applied For Not Applicable |
| Zip 33 | 174 Country | Zip 33154 | Country | | 5. Certificate of Status Desired |
| | DO NOT WI | artijas vais samuel samuel alabatis alabatis | Name - Street A | Address (I | 7. Name and Address of Current Registered Agent ROBERT A. BRANDT PA. P.O. Box-Number is Not-Acceptable) 10. BRICKELL AVE PH-/ IAMI. FL Zip Code 33/3/ |
| 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. | | | | | |
| FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 | | | | | |
| 9. | MANAGING MEMBER | RS/MANAGERS | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGH IZHAK, YOKAM 1420 BICAYA DR. SURFSIDE FL. 3911 MGR CABRERIZO, YORAM 11000 NW 92 TAMAS | P | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MMn1. 28. 3317 | | TITLE NAME STREET ADDRESS OTTY-ST-ZIP | | _DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE |
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| TITLE 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. | | | | | |

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