LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034911

1. Entity Name

SIGNATURE:

399 WEST PALMETTO PARK ASSOCIATES, L.L.

## **FILED** Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90081 016 \*\*\*\*50.00

DO NOT WRITE IN THIS SPACE					
2. Principal P	lace of Busin	Sweffelst	3. Mailing Address	SAME	
Suite, Apt. # etc			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
Soca fater R			City & State		4. For Number 0600214 Applied For Not Applied For
3393	2	Country /USA	Zip	Country	5. Certificate of Status Desired  \$5.00 Additional Fee Required
and the last and the	and the second s		The second second	No	7. Name and Address of Current Registered Agent
		O NOT WI N THIS SP		Street A City	ddress (P.O. Box Number is Not spreptable).  Again January (Astronomy).  Zin Gode.
_		<u> </u>			2007 RA 1000 FL 33932
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 titlet applicate.  DATE					
FEE IS \$50.00  Make Check Payable to Florida Department of State  DUE BY MAY 1					
9. ————	MALA	MANAGING MEMBER 196145 Mem ber	<del></del>		
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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 AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE