2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000194

1. Entity Name
BOND FAMILY, L.C.

FILED
00 JAN 24 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
21 SE FIRST AVE SUITE 800 MIAMI FL 33131	21 SE FIRST AVE SUITE 800 MIAMI FL 33131-1017

2. Principal Place of Business	3. Mailing Address
5158 SEA CHASE DR	5158 SEA CHASE DR
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. #4
City & State AMELIA ISLAND FLA	City & State AMELIA ISLAND FL
Zip 32034 Country	Zip 32034 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0496043 ☐ Applied For ☐ Not Applic.

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRENNER, RICHARD M 21 SE FIRST AVE SUITE 800 MIAMI FL 33131	Name PETER BOND Street Address (P.O. Box Number is Not Acceptable) 5158 SEA CHASE DRIVE #4 City AMELIA ISLAND FL Zip Code 32034

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.

SIGNATURE Ruth B. Brenner MANAGER for BOND FAMILY L.C. 1/21/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BOND, PETER D 21 SE FIRST AVE MIAMI FL 33131	☒ Delete	MGRM BOND PETER D. 5158 SEA CHASE DRIVE #4 AMELIA ISLAND FL 32034	☒ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM BOND, CAROL 21 SE FIRST AVE MIAMI FL 33131	☒ Delete	MEM BOND CAROL same as above	☒ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM BOND, VICTORIA 21 SE FIRST AVE MIAMI FL 33131	☒ Delete	MEM BOND VICTORIA same as above	☒ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM BOND, AMANDA 21 SE FIRST AVE MIAMI FL 33131	☒ Delete	MEM JUDD AMANDA same as above	☒ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	600003109246-- -02/01/00--01106--011 *****50.00 *****50.00	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐

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: Ruth B. Brenner MGRM for BOND FAMILY L.C. 1/20/2000 904-277-695[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #