2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9400000399

1. Entity Name

BAM REALTY ASSOCIATES, L.C.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90023 041 ****50.00

## Marting Apdroses ### 200 W ONLAND PARK BUD ### AUDITION OF A STATE ### AUDITION OF AUDITION ### AUDITION #	DAW HE	ETT AGGOGIATES, E.G.							
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Cry & State A. FEI Number 35-9488971 Applied For Nath	2300 W OAKL SUITE 500	AND PARK BLVD.	2300 W OAKLAND PARK BL SUITE 500	VD.		Hali bir falii dibir balii balii ba	3 1(1 22)(1 39)(1 22) 12	(15 0 (8 11 0 (8 11 (88)	
City & State Ci	2. Principal Place of Business		3. Mailing Address						
Zip Country Zip Country S. Ceriffcate of Status Desired Sc. On Additional Fee Proquired Fe	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
Zo	City & Sta	City & State City & State			4. FEI Nui	33 3400371			
Name	Zip			Country	5. Certific	ate of Status Desired		Additional	
### PITZGERALD, ROBERT THE MARK PRIZABLD PARK BLVD. FORT LAUDERDALE FL STREET ADDRESS OTH'S 1-72P FT. LAUDERDALE FL STREET ADDRESS OTH'S 1-72P STREET ADDRESS OTH'S 1		6. Name and Address of Current R	legistered Agent		7Name a	and Address of New Reg	gistered Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Speed or protect name of registered agent and size is applicable. O/OTE Registered Agent Spritch or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				<u> </u>					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	FORT LAUDERDALE FL 33311							-	
SIGNATURE SPREIA DORSES OTTY-ST-2P TITLE MGRM MGR				City	-		FL Zip C	Code	
Synthesis in the proposed rune of registered appert and size if application (NOTE Registered Appent signature required when remissioning) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By MgRM FIZGERALD, ROBERT TITLE NAME STREET ADDRESS CITY-ST-2P TITLE MGRM MGRM FITZGERALD, ROBERT 2300 W OAKLAND PARK BLVD. FIT. LAUDERDALE FL TITLE NAME STREET ADDRESS CITY-ST-2P TITLE MGRM MGRM PICCININNI, ALFRED STREET ADDRESS CITY-ST-2P TITLE MGRM MGRM Delete TITLE MGRM MGRM STREET ADDRESS CITY-ST-2P TITLE MGRM MGRM Delete TITLE MGRM MGRM MAE STREET ADDRESS CITY-ST-2P TITLE MGRM MGRM MGRM MGRM Delete MGRM MGRM MGRM MGRM MGRM MGRM MGRM MGR	8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or regis	stered agent, or	both, in the State of Florid	da. I am familiar w	ith, and accept	
Make Check Payable to Florida Department of State Duble Make Check Payable to Florida Department of State Duble Make Check Payable to Florida Department of State Duble	SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature requ	uired when reinstating)		DATE		
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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

-14-03

954-485-4400