2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 APR 28 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000538I AF

DOCUMENT # L95000000752

1. Entity Name

QUARTERDECK PROPERTIES, L.C.

Principal Place of Business	Mailing Address
2933 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301	1541 CORDOVA RD. FT LAUDERDALE FL 33316-1713

DO NOT WRITE IN THIS SPACE

mpm

2. Principal Place of Business	3. Mailing Address
1541 Cordova Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State
Zip: 33316 / Country	Zip / Country

4. FEI Number 65-0628251 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FLANAGAN, PAUL B
1541 CORDOVA ROAD
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name: Flanigan, Paul B.

Street Address (P.O. Box Number is Not Acceptable): 1541 Cordova Rd.

City: Ft. Lauderdale FL Zip Code: 33316

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 ______________________
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	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FLANIGAN, PAUL B		NAME		
STREET ADDRESS	1541 CORDOVA RD.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		CITY-ST-ZIP		
TITLE	MEM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUFFALO HOLDINGS, INC.		NAME	300003249373--3	
STREET ADDRESS	658 W INDIANTOWN RD #204		STREET ADDRESS	-05/11/00--01121--010	
CITY-ST-ZIP	JUPITER FL 33458		CITY-ST-ZIP	****50.00 ****50.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (9/99)

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: [signature] Paul B. Flanigan 4/19/00 954-525-8042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #