2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000092

1. Entity Name

G.V. & PARTNERS PROPERTIES L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:09

Principal Place of Business	Mailing Address
2830 FILLMORE STREET HOLLYWOOD FL 33020	1500 S. OCEAN DR. #3B HOLLYWOOD FL 33019-2336

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2830 Fillmore Street	1500-S-OCEAN DR.
Suite, Apt. #, etc. #19	Suite, Apt. #, etc. #3-B
City & State HOLLYWOOD	City & State HOLLYWOOD
Zip FL-33020 Country BROWARD	Zip 33019 FL Country BROWARD

4. FEI Number 65-0650635 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHATKE-RUSS, GUNDULA
1500 S. OCEAN DR. #9E
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name SCHATKE-RUSS GUNDULA

Street Address (P.O. Box Number is Not Acceptable) 1500 S. OCEAN DR. #9-E

City HOLLYWOOD **FL** Zip Code 33020

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 Gundula Schatke-Russ 2-2-2000

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	MEM GRABENHORST, UDO 1500 S. OCEAN DR. #3B HOLLYWOOD FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300003132123--2 -02/11/00--01014--017 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM VETTERLEIN, SIEGFRIED 1500 S. OCEAN DR. #10E HOLLYWOOD FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHATKE-RUSS, GUNDULLA 1500 S. OCEAN DR. #9E HOLLYWOOD FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Gundula Schatke-Russ REQUIRED GUNDULA SCHATKE-RUSS (954) 922 8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #