

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90040 032 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30056019

DOCUMENT # L96000001045			
1. Entity Name ASSOCIATES HOLDING GROUP, L.C.			
Principal Place of Business 8100 SW 10TH ST., SUITE 2000 PLANTATION, FL 33324		Mailing Address 8100 SW 10TH ST., SUITE 2000 PLANTATION, FL 33324	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0701092		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINBERG, STEVEN A 7806 SW 6TH COURT PLANTATION, FL 33024		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent's signature required when electing) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARP, MICHAEL C 8100 SW 10TH ST., #2000 PLANTATION, FL 33324	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ODEN, ROBERT 8100 SW 10TH ST., #2000 PLANTATION, FL 33324	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MARKELS, ALLAN 8100 SW 10TH ST., #2000 PLANTATION, FL 33324	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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: <u>[Signature]</u> MANAGING MEMBER <u>4/14/03</u> <u>954-474-9700</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

CH2E083 (11/02)