

2001 UNIFORM BUSINESS REPORT (UBR)

0007793 AF

DOCUMENT # L97000000460

1. Entity Name
ERILYN GROUP 2, L.L.C.

FILED

01 FEB 26 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6099 W. SUNRISE BLVD.
SUNRISE FL 33313-6803

Mailing Address
5599 E. LEITNER DRIVE
CORAL SPRINGS FL 33067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0826301

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NABAT, BRUCE
1190 N.E. 125 STREET, SUITE 21
NORTH MIAMI FL 33161

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.

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 NAME
MGRM
PACE, CHARLES E
4700 N. STATE ROAD 7
LAUDERDALE LAKES FL

☐ Delete

TITLE NAME
5599 EAST LEITNER DR
CORAL SPRINGS FL 33067

☒ Change ☐ Addition

TITLE NAME
MGRM
GOLDBERG, MITCHELL
353 LEXINGTON AVE. 10TH FLOOR
NEW YORK CITY NY 10017

☐ Delete

TITLE NAME
500003782-02
-02/27/01--01082--022
*****50.00 *****50.00

☐ 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

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TITLE NAME
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CITY-ST-ZIP

☐ Delete

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: *Charles E Pace* PARTNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date 1/15/01 Daytime Phone # 9543469755

CR2E083 (11/00)