## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 23, 2002 8:00 am DOCUMENT # L9700000523 Secretary of State 01-23-2002 90046 007 \*\*\*\*50.00 **ROBERTSON & PARTNERS, L.L.C.** Principal Place of Business Mailing Address 855 SOUTH FEDERAL HIGHWAY 855 SOUTH FEDERAL HIGHWAY SUITE 206 SUITE 206 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-4184612 Not Applicable Zip Country 7in Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -----C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 8. The above nar urpose 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROBERTSON, KENNETH H NAME STREET ADDRESS STREET ADDRESS 855 SOUTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete \_ TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition ME STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZiP

Managing Partner

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Kënneth H. Robertson SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

1/16/02 561-347-074

FILED