2001 UNIFORM BUSINESS REPORT (UBR

200	CHIFONN BUSI	NESS REPU	<u> </u>	(ABU)	_	•				ř	
DOCUMENT # L9700000818 1. Entity Name BOUGAINVILLA F-2, L.C.						FILED 01 JAN 29 PM 2: 18					
Principal Place of Business Mailing Address					OT OARTED THE E- TO						
4627 BOUGAINVILLA DR. UNIT F-2 4627 BOUGAINVILLA DR. UNIT F-2					SECRETARY OF STATE						
LAUDERDALE BY THE SEA FL 33308 LAUDERDALE BY THE SEA FL 3				308	TALLAHASSEE, FLORIDA						
					1			(1) 11: (1)			
2. Principal P	Place of Business	3. Mailing Address			-	ENINIA DIN 1011 JUNIU DANI DANIA BUMI	BOW BOW D	()(10 1 10 1			
					1						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI Nur	nber 65-0837961			oplied For ot Applicable	7	
	-Country -	Zip	Coun	itry –				5:00-Add		:> :	
			<u> </u>			ite of Status Desired		ee Require	d	վ ։	
	6. Name and Address of Current F	Registered Agent		Name	7. Name a	nd Address of New Reg	istered A	jent	 :	-	
GEHBAUER, KARL H										-	
4627 BOUGAINVILLA DR, UNIT F-2				Street Address	(P.O. Box Nun	nber is Not Acceptable)		•		Ī	
LAUDERDALE BY THE SEA FL 33308										7	
		•		City			FL	Zip Code	e	_	
P The above	named entity submits this statement for	e register	nd office or regist	orod acopt or	and in the State of Flori		Ь		\dashv		
o. The above	maned entity submits this statement for	the purpose of chariging its	s register	sa onice or regisi	ered agent, or	John, in the State of Flori	Ja.				
SIGNATURE	Signature, typed or printed name of registered agent a	(AVX)	TE: D- eletere		1		DATE				
 _	Signature, typed or printed name or registered agent a	nd title if applicable. (NO	I E: Hegistere	d Agent signature requir	ed when reinstating)		DAIL			\dashv	
		l l		FEE IS \$50.00			٠.				
		Make Check Pa	ayable t	o Department	of State						
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/C	HANGES				
TITLE	MGRM GEHBAUER, KARL H	☐ Delete	TITLE					☐ Change	☐ Addition	R2E083 (11/00)	
NAME STREET ADDRESS	4627 BOUGAINVILLA DR, UNIT F	-2	NAM STRE	ET ADDRESS						5	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33	3308	CITY	-ST-ZIP] <u>iii</u>	
TITLE	MGRM CEURALIED KADINI	Delete .	turi		i.	· · · · · · · · · · · · · · · · · · ·		Change	Addition	8	
NAME STREET ADDRESS	Gehbauer, Karin 4627 Bougainvilla dr, Unit F	-2	NAM Stre	E ET ADDRESS	ļ	0000036 -02/02/	5241 010	∃4!! J∙ 1020!	6 6		
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 3:			-ST-ZIP		*****		******	50.00		
TITLE		☐ Delete	TITLE					☐ Change	Addition	7 ,	
NAME STREET ADDRESS			NAM	E ET ADDRESS		•					
CITY-ST-ZIP				-ST-ZIP							
TITLE	1	☐ Delete	TITLE					☐ Change	Addition]	
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP		10/					
TITLE		☐ Delete	TITLE		- <u>-</u>			☐ Change	Addition	1	
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
N. L.		☐ Delete	TITLE					Change	Addition	1	
NAME			NAM	_				_			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -St-zip					•	1	
	Legify that the information supplied with	this filing does not quality fo			Section 119.07(3)(i), Florida Statutes. I fo	urther certif	y that the ir	nformation	1	
indicated limited lia	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	hat my agnature shall have empowered to execute this	the same	e legal effect as if required by Cha	made under o pter 608, Florid	ath; that I am a managin a Statutes.	g member	or manage	r of the		
<u> </u>	Acolor	Me YUXU) 	<i>"</i>	<u> </u>	- 24- 2601	Acu-	920-1	2602	1	
SIGNATURE: 01-24-2001 954-938-8608 SIGNATURE AND TYPED OF PRINTED PANE OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deviction Phone #											