

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000850

1. Entity Name

ARECA PALM VENTURES, LLC.

Principal Place of Business

2440 EAST COMMERCIAL BLVD., STE. 1
FORT LAUDERDALE FL 33308

Mailing Address

2440 EAST COMMERCIAL BLVD., STE. 1
FORT LAUDERDALE FL 33308

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

65-0772905

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAUGHAN, CONSTANCE C
2440 EAST COMMERCIAL BLVD., STE. 1
FORT LAUDERDALE FL 33308

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.

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

TITLE NAME ☐ Delete
MGRM
SCHNURR, FREDERICK D
STREET ADDRESS 2440 E. COMMERCIAL BLVD., SUITE 1
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE NAME ☐ Delete
MGRM
VAUGHAN, DAVID S.W.
STREET ADDRESS 1611 S.E. 8TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003576043--5
CITY-ST-ZIP -01/26/01--01034--004
*****55.00 *****55.00

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DAVID S.W. VAUGHAN

1/17/01

(954) 489-7795

Date Daytime Phone #

CR2E083 (11/00)