

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90017 042 ****55.00

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

905 N.E. 18th Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 460247

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip **33304**

Country

City & State

Ft. Lauderdale, FL

Zip **33346**

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)

1611 S.E. 8th Street

City

Ft. Lauderdale

FL

Zip Code

33316

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

TITLE **MGRM** ☐ Delete
 NAME **VAUGHAN, DAVID S.W.**
 STREET ADDRESS **1611 S.E. 8TH STREET**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **ZIP CODE: 33316**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

DAVID S.W. VAUGHAN

Date

1/23/02

Daytime Phone #

764-7172

CR2E083 (9/01)