2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -3 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000428O AF

DOCUMENT # L97000000995

1. Entity Name
AMERICAN SUPERIOR MANAGEMENT COMPANY, L.C.

Principal Place of Business	Mailing Address
8669 NW 36TH ST., SUITE 100 MIAMI FL 33166	8669 NW 36TH ST., SUITE 100 MIAMI FL 33166-6640

2. Principal Place of Business	3. Mailing Address
600 N. Pine Island Rd	600 N. Pine Island Rd.
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State: Plantation, FL	City & State: Plantation, FL
Zip: 33324 / Country: Broward	Zip: 33324 / Country: Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0788806 — Applied For / Not Applicable

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
GRAHAM, WILLIAM B 101 N. GADSDEN ST. TALLAHASSEE FL 32301	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: MGR NAME: RENFRO, TIMOTHY A STREET ADDRESS: 8669 NW 36TH ST., SUITE 100 CITY-ST-ZIP: MIAMI FL 33166	☐ Delete	TITLE: MGR NAME: Latta, William S. STREET ADDRESS: 600 N. Pine Island Road, Suite 400 CITY-ST-ZIP: Plantation, FL 33324	☐ Change ☒ Addition
TITLE: MGR NAME: MORGAN, JOHN D STREET ADDRESS: 8669 NW 36TH ST., SUITE 100 CITY-ST-ZIP: MIAMI FL 33166	☒ Delete	TITLE: MGR NAME: Hudson, Greg STREET ADDRESS: 600 N. Pine Island Rd., Suite 400 CITY-ST-ZIP: Plantation, FL 33324	☐ Change ☒ Addition
TITLE: MGR NAME: VAN METER, WILLIAM STREET ADDRESS: 8669 NW 36TH ST., SUITE 100 CITY-ST-ZIP: MIAMI FL 33166	☐ Delete	TITLE: MGR NAME: Peters, Bruce A. STREET ADDRESS: 600 N. Pine Island Road, Suite 400 CITY-ST-ZIP: Plantation, FL 33324	☐ Change ☒ Addition
TITLE: MGR NAME: BERMAN, LOUIS M STREET ADDRESS: 8669 NW 36TH ST., SUITE 100 CITY-ST-ZIP: MIAMI FL 33166	☒ Delete	TITLE: MGR NAME: Berta, Vince STREET ADDRESS: 600 N. Pine Island Rd., Suite 400 CITY-ST-ZIP: Plantation, FL 33324	☐ Change ☒ Addition
TITLE: MGR NAME: DUER, RICHARD STREET ADDRESS: 8669 NW 36TH ST., SUITE 100 CITY-ST-ZIP: MIAMI FL 33166	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 200003269752--4 -05/30/00--01016--025 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: 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: SIGNATURE REQUIRED Timothy A. Renfro, SR 4/26/00 954-577-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)