2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

2250 AUSTRALIAN AVENUE

RIVIERA BEACH FL 33404

DOCUMENT # L98000000060

Principal Place of Business

2250 AUSTRALIAN AVENUE

2. Principal Place of Business

RIVIERA BEACH FL 33404

Suite, Apt. #, etc.

City & State

Zip

ALLSTEEL & GYPSUM OF PALM BEACH, LLC



FILED Mar 11, 2003 8:00 am Secretary of State

03-11-2003 90025 009 ****50.00

UUUZIUUH

| CHECK HERE IF MAKING CHANGES | | | | | | |
|---|-----------------------------------|--|--|--|--|--|
| 4. FEI Number 65-0805636 | Applied For | | | | | |
| 65 000000 | Not Applicable | | | | | |
| | \$5.00 Additional Fee Required | | | | | |
| 7. Name and Address of New Registered Agent | | | | | | |
| | | | | | | |

HALE, CHRISTOPHER D ESQ VALDINI, PALMER & HALE, P.A. 5353 N FEDERAL HIGHWAY, SUITE 303 FORT LAUDERDALE FL 33308

Country

| Street Address (P.O. Box Nur | nber is Not Acceptable) | |
|------------------------------|-------------------------|-------------|
| | | |
| | | T = 0 + |
| City | CI CI | 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 F the obligations of registered agent.

Country

Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

| | AAANA OUNO AAGAADEDO | (MANIA OF DC | 10 | ADDITIONS/CHANGES | |
|------------------------------|-------------------------|--------------|-------------------|-------------------|--------------|
| 9. MANAGING MEMBERS/MANAGERS | | 10. | | | |
| TITLE | MBR | ☐ Delete | TITLE | ☐ Change | Addition |
| NAME | MARKUS, GLENN | | NAME | | |
| STREET ADDRESS | 1250 N.W. 23RD AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL | | CITY-ST-ZIP | | |
| TITLE | MBR | ☐ Delete | TITLE | ☐ Change | : 🔲 Addition |
| NAME | JOLICOEUR, DANIEL | | NAME | | |
| STREET ADDRESS | 2250 AUSTRALIAN AVENUE | | STREET ADDRESS | | ļ |
| CITY-ST-ZIP | RIVIERA BEACH FL 33404 | | CITY-ST-ZIP | | |
| TITLE | MGRM | ☐ Delete | TITLE | ☐ Chang | e 🔲 Addition |
| NAME | GADA MANAGEMENT, L.C. | | NAME | | |
| STREET ADDRESS: | -2300 BARCELONA DRIVE | | - STREET ADDRESS= | | |
| CITY-ST-ZIP . | FT.LAUDERDALE FL 33301 | | CITY-ST-ZIP | | |
| TITLE | MGRM | ☐ Delete | TITLE | ☐ Chang | e 🔲 Addition |
| NAME | CEGA MANAGEMENT, L.L.C. | | NAME | | |
| STREET ADDRESS | 7968 LAKEWOOD COVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKE WORTH FL 33467 | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | ☐ Chang | e 🔲 Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

☐ Change

☐ Addition