

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000098

1. Entity Name

Atlantic Zedek, L.C.

Principal Place of Business

Mailing Address

1688 Meridian Avenue, Suite 506

49 West 45th Street, 12th Floor

Miami Beach, FL 33139

New York, NY 10036

2. Principal Place of Business

3. Mailing Address

1688 Meridian Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 506

City & State

City & State

Miami Beach, FL

4. FEI Number

58-2396270

Applied For

Not Applicable

Zip

Country

Zip

Country

33139

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

2001 APR 30 PM 1:25

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Robin I. Willner, Esq.

20803 Biscayne Blvd.

Suite 200

Aventura, Florida 33130

Name

Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable)

100 SE Second Street

Suite 3500

City

Miami

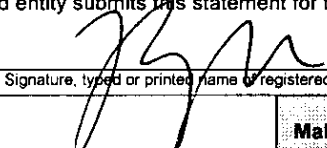
FL

Zip

33131

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



Leon J. Wolfe, VP

4/25/01

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 NAME STREET ADDRESS CITY-ST-ZIP
MGR
Frederic Rado Delete
1688 Meridian Avenue, Suite 506
Miami Beach, FL 33139

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR Change Addition
Gilbert Benhamou
1688 Meridian Avenue, Suite 506
Miami Beach, FL 33139

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition
700004334917
-05/30/01--01099--012
*****50.00 *****50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

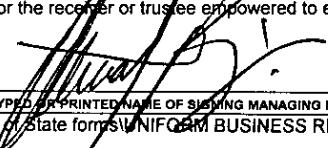
TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition
LC

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



Gilbert Benhamou, Manager

4/25/01

305-776-7778

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

Date

Daytime Phone #