

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001167**

1. Entity Name
GARDENS COVE, LLC

FILED

00 FEB 16 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% ATLANTIC CAPITAL GROUP, LLC 777 S. FLAGLER DR. SUITE 800 W WEST PALM BEACH FL 33414	% ATLANTIC CAPITAL GROUP, LLC 777 S. FLAGLER DR. SUITE 800 W WEST PALM BEACH FL 33401-6163



2. Principal Place of Business	3. Mailing Address
<i>10 Atlantic Capital Group LLC</i> Suite, Apt. #, etc. <i>#120</i> <i>4152 W. Blue Heron Blvd.</i>	<i>10 Atlantic Capital Group LLC</i> Suite, Apt. #, etc. <i>#120</i> <i>4152 W. Blue Heron Blvd.</i>
City & State <i>Riviera Beach, FL</i>	City & State <i>Riviera Beach, FL</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0853738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALDORF, PAMELA J ESQ. DUANE MORRIS & HECKSCHER, LLP 777 SOUTH FLAGLER DR., #800-WEST WEST PALM BEACH FL 33401	Name: <i>Waldorf, Pamela J Esq.</i> Street Address (P.O. Box Number is Not Acceptable) <i>Winthrop, Stinson, Putnam - Roberts</i> <i>125 Worth Ave., Suite 310</i> City <i>Palm Beach</i> FL Zip Code <i>33480</i>

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 *William S. Wang* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) *Pamela J Waldorf* DATE *2/11/00*

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	MGRM ATLANTIC CAPITAL GROUP, LLC 777 S. FLAGLER DR., #800-W WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Change</i> <input checked="" type="checkbox"/> <input type="checkbox"/> Addition <i>4152 W. Blue Heron Blvd., #120 Riviera Beach, FL 33404</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODBINE PARCEL F, L.C. 4152 W. BLUE HERON BLVD. RIVIERA BEACH FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003140103--4 -02/18/00--01085--023 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>OP</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* **SIGNATURE REQUIRED** *1-25-2000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)