2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAYAGE

DOCUMENT # L9800001312							! :			
440 EAST PORT ST. LUCIE, L.C.					FILED					
					2001 MAY 10 PM 2: 15					
Principal Plac	e of Business	Mailing Address			DIVISION OF CORPORATIONS					
822 SARNO ROAD. UNIT.3 MELBOURNE FL 32935		822 SARNO ROAD. UNIT 3 MELBOURNE FL 32935			`U	TALLAHASSEE,	FLORIDA		•	
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number Applied For S9-35291.13 Not Applicable					
Zip	Country	Zip	Country		5. Certificate of Status Desired Specificate of Status Desired Fee Require)O Addi	itional	
	6. Name and Address of Current	<u> </u>		7. Name ar	nd Address of New Regi	!				
Nam						•				
	RG, DONALD		Street Address (P.O. Box Number is Not Acceptable)				
822 SARN					!					
MELBOUR	RNE FL 32935	City					FL Z	ip 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.										
•. The above named entity submits this statement for the purpose of changing its registered unice of registered agent, of 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) i DATE										
FILE NOW!!! FEE IS \$50.00										
	• •	yable to Departr	ment of	State		• •				
9.	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS/CH	ADDITIONS/CHANGES			
TITLE	MGR	☐ Delete	TITLE			2000043	838	herve	Addition	
NAME STREET ADDRESS	STERNBERG, DONALD				-06/08/0101040023 *****50.00 *****50.00					
CITY-ST-ZIP	822 SARNO ROAD, UNIT 3 MELBOURNE FL 32935	•	CITY-ST-ZIP				1			
TITLE	MGR	·· Delete	TITLE				; <u> </u>	Change	☐ Addition	
NAME STREET ADDRESS	STERNBERG, MICHAEL 822 SARNO ROAD, UNIT 3		NAME STREET ADDRESS							
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP				ı			
TITLE NAME		☐ Delete	TITLE NAME		-			Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS	- .			,			
CITY-ST-ZIP	,	<u>-</u>	CITY-ST-ZIP				<u> </u>		- <u></u>	
TITLE NAME		☐ Delete	TITLE NAME				□ C	Change	Addition	
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CITY-ST-ZIP		Пъм	CITY-ST-ZIP				<u>V</u>		(Application	
TITLE NAME		☐ Delete	TITLE NAME			V	ר"ו נ	hange	☐ Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP		this filing does not qualify for	CITY-ST-ZIP	ed in Sea	tion 119 07/3	N(i) Florida Statutos I fu	ther certify the	at the in	formation	
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.										

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Date Cayrime Phone #