

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001419

1. Entity Name
CANTERBURY ASSOCIATES L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 3:20

Principal Place of Business
C/O I.M. MANAGEMENT
5769 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328

Mailing Address
C/O I.M. MANAGEMENT
5769 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328-6114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C/O I.D.M. MANAGEMENT INC 10837 CHARLESTON PL
Suite, Apt. #, etc.

3. Mailing Address
10837 CHARLESTON PL
Suite, Apt. #, etc.

City & State
COOPER CITY
Zip
33026
Country
BROWARD

City & State
FL
Zip
Country

4. FEI Number 65-0848368

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, NORMAN T ESQ.
50 WEST MASHTA DRIVE, SUITE 2
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME MGRM
STREET ADDRESS FEIT MANAGEMENT COMPANY
CITY-ST-ZIP 5769 SOUTH UNIVERSITY DRIVE
DAVIE FL 33328 ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME I.D.M. MANAGEMENT INC ☒ Change ☐ Addition
STREET ADDRESS 10837 CHARLESTON PLACE
CITY-ST-ZIP COOPER CITY FL 33026

TITLE NAME 100003193651-2 ☐ Change ☐ Addition
STREET ADDRESS -03/24/00-01100-019
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME BLT ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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: DAVID MORROW MANAGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/22/00 954 7353202

CR2E083 (9/99)