

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001455

1. Entity Name  
DEJA VIEW, L.L.C.

Principal Place of Business  
137 SEABREEZE AVENUE  
DELRAY BEACH FL 33483

Mailing Address  
137 SEABREEZE AVENUE  
DELRAY BEACH FL 33483-7017

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0856690

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, JOHN C  
137 SEABREEZE AVENUE  
DELRAY BEACH FL 33483

Name DEBORAH E. BENNETT  
Street Address (P.O. Box Number is Not Acceptable)  
137 SEABREEZE AVENUE  
City DELRAY BEACH FL Zip Code 33483-7017

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 Deborah E Bennett DATE 4/27/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGRM BENNETT, JOHN C  
STREET ADDRESS 137 SEABREEZE AVENUE  
CITY-ST-ZIP DELRAY BEACH FL 33483

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

TITLE NAME ☐ Delete  
MGRM BENNETT, DEBORAH E  
STREET ADDRESS 137 SEABREEZE AVENUE  
CITY-ST-ZIP DELRAY BEACH FL 33483

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

TITLE NAME ☐ Delete  
MGRM BENNETT, ELIZABETH B  
STREET ADDRESS 137 SEABREEZE AVENUE  
CITY-ST-ZIP DELRAY BEACH FL 33483

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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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: Deborah E Bennett  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00  
Date

274-8860  
(561) 274-8800  
FAX (561) 274-7255  
Daytime Phone #

APPROVED  
AND  
FILED

00 MAY -2 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)