

2000 UNIFORM BUSINESS REPORT (UBR)

L98000001766

DOCUMENT #

1. Entity Name
CITATION, L.L.C.

FILED
00 MAR 14 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4700 NW Boca Raton Blvd. 4700 NW Boca Raton Blvd.
4th Floor 4th Floor
Boca Raton, FL Boca Raton, FL
33431 33431

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-0862982 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Paola Luptak
4700 NW Boca Raton Blvd.
4th Floor
Boca Raton, FL
33431

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 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	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harol Beznos		NAME	300003186269--2	
STREET ADDRESS	4700 NW Boca Raton Blvd. 4th Fl		STREET ADDRESS	-03/28/00--01012--003	
CITY-ST-ZIP	Boca Raton, FL 33431		CITY-ST-ZIP	*****50.00 *****50.00	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phil Warren		NAME		
STREET ADDRESS	1161 Hollan Dr.		STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33487		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry D. Luptak		NAME		
STREET ADDRESS	4700 NW Boca Raton Blvd. 4th Fl.		STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, FL 33431		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Philip T. Warren* PHILIP T. WARREN 3/10/00 (561) 998-3200