

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001999

1. Entity Name
DILLON GARDENS, L.L.C.

APPROVED
AND
FILED

01 APR 27 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~3800 INVERRARY BLVD~~
~~SUITE 200~~
~~LAUDERHILL FL 33319~~

Mailing Address

~~3800 INVERRARY BLVD~~
~~SUITE 200~~
~~LAUDERHILL FL 33319~~



2. Principal Place of Business

11935 NW 37th Street
Suite, Apt. #, etc.

Mailing Address

11935 NW 37th Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FLORIDA

City & State
CORAL SPRINGS FLORIDA

4. FEI Number 58-2422066

Applied For
Not Applicable

Zip Country
33065 BROWARD

Zip Country
33065 BROWARD

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

6. Name and Address of Current Registered Agent

DAVIS, ROBERT M
3800 INVERRARY BLVD
SUITE 209
LAUDERHILL FL 33319

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

TITLE MGRM
NAME DAVIS, ROBERT M
STREET ADDRESS 3800 INVERRARY BLVD SUITE 209
CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete

TITLE MGRM
NAME FOCKE, HENRY R JR
STREET ADDRESS 3800 INVERRARY BLVD SUITE 209
CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS 11935 N.W. 37th Street
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 11935 N.W. 37th Street
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Change ☐ Addition
600004211245
-05/11/01--01073--024
*****50.00 *****50.00

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Henry R Focke Jr Managing Members 3/30/01 (850) 717 0776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0012391 AT

CR2E083 (11/00)