

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 30 PM 6

SECRETARY OF STATE
TALLAHASSEE, FL

0015720 AF

DOCUMENT # L98000002195

1. Entity Name
MEZZANINE FINANCE FUND, LLC

Principal Place of Business
1070 EAST INDIANTOWN ROAD, SUITE 208
JUPITER FL 33477

Mailing Address
1070 EAST INDIANTOWN ROAD, SUITE 208
JUPITER FL 33477



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3551 SW Cop Parkway
Suite, Apt. #, etc.

3. Mailing Address
3551 SW Cop Parkway
Suite, Apt. #, etc.

City & State
Palm City FL
Zip
34490
Country
USA

4. FEI Number
65-0912982
Applied For
Not Applicable

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

WHITE, ROBERT C JR.
C/O KIRKPATRICK & LOCKHART
201 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WILKENS, FLOYD D
1070 EAST INDIANTOWN ROAD, SUITE 208
JUPITER FL 33477 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WILKERSON, BRAD
1070 EAST INDIANTOWN ROAD, SUITE 208
JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004217736--4
-05/15/01--01091--021
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WHITMER, LISA
1070 EAST INDIANTOWN ROAD, SUITE 208
JUPITER FL 33477 ☐ Delete

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

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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: [Signature] 4-25-01 561 283 4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)