

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90386 025 ****50.00

DOCUMENT # L98000002195

1. Entity Name

MEZZANINE FINANCE FUND, LLC

Principal Place of Business

**3551 SW CORP PARKWAY
 PALM CITY FL 34490**

Mailing Address

**3551 SW CORP PARKWAY
 PALM CITY FL 34490**

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

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 **Floyd D. Wilkenson**

Street Address (P.O. Box Number is Not Acceptable)

3551 SW Corporate Parkway

City

Palm City

FL

Zip Code

34490

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 *Floyd D. Wilkenson*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-20-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE **Wilkenson, Floyd D** ☒ Change ☐ Addition
 NAME **3551 SW Corporate Parkway**
 STREET ADDRESS **Palm City, FL 34490**
 CITY-ST-ZIP

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

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

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

TITLE **Whitmer Lisa** ☒ Change ☐ Addition
 NAME **3551 SW Corporate Parkway**
 STREET ADDRESS **Palm City, FL 34490**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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: *Floyd D. Wilkenson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-20-02

Date

772 283 4490

Daytime Phone #

CR2E083 (9/01)