

# 2001 UNIFORM BUSINESS REPORT (UBR)

01/27/01

|  |         |  |         |
|--|---------|--|---------|
| <b>DOCUMENT #</b> L98000002261   |         |  |         |
| <b>1. Entity Name</b><br>COMMODITY MANAGEMENT, L.C.  |         |  |         |
| <b>Principal Place of Business</b><br>150 S PINE ISLAND RD.<br>#200<br>PLANTATION FL 33324 |         | <b>Mailing Address</b><br>150 S PINE ISLAND RD.<br>#200<br>PLANTATION FL 33324 |         |
| <b>2. Principal Place of Business</b>  |         | <b>3. Mailing Address</b>  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.  |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |

**FILED**  
01 JAN 24 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|  |  |  |  |   |             |
|--|--|--|--|---|-------------|
| <b>4. FEI Number</b><br>65-0869905   |  |  |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |             |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |  |  |   |             |
| <b>6. Name and Address of Current Registered Agent</b>   |  |  |  | <b>7. Name and Address of New Registered Agent</b>            |             |
| FEDER, GARY A<br>1701 W HILLSBORO BLVD<br>#302<br>DEERFIELD BCH FL 33442                               |  |  |  | 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 \_\_\_\_\_ (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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>WAYNE, THOMAS<br>19506 E. COUNTRY CLUB DRIVE<br>AVENTURA FL 33180 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 800003602388--7<br>-01/30/01--01113--001<br>*****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BORNSTEIN, STEVEN<br>3190 WILLOW LANE<br>WESTIN FL 33331          | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]* **1/19/01 (954) 424-8441**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)