## 2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFO	RM BUSIN	ESS REPO	RT	(UBR)		ÄPPROVE	Ď			
DOCUMENT # L9800002410  1. Entity Name PSM-OUT-I, LLC  Principal Place of Business Mailing Address						AND FILED				3
					00 MAY -1 PM 12: 21					
					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
C/O GUNSTER. YOAKLEY. VALDES 2 S. BISCAYNE BLVD., SUITE 3400 MIAMI FL 33131	', Valdes Uite 3400	s-fauli & Stewa )			  - 					
2. Principal Place of Business 3. Mailing Address					<b>'</b>			<b></b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WR	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 13-40		umber 13-4030760	)	_ <del> </del>	plied For t Applicable	
Zip Cou	ntry .	Zip	Coun	try	5. Certif	icate of Status Desired		5.00 Add e Require		
6. Name and A		Name	7. Name	and Address of New I	Registered Ag	ent		1		
EISENSTADT, DAVID LEE 419 W. 49TH STREET HIALEAH FL 33012				Street Address	Street Address (P.O. Box Number is Not Acceptable		<u> </u> ė) 		<del></del>	1
							<u>[</u> 			1
				City				FL Zip Code		
SIGNATURE Signature, typed or printed	I name of registered agent and tri			d Agent signature required	d when reinstati	ng)	DATE			-
•		Make Check Pa			of State					
	AND MODEL AND ADDRESS OF THE PROPERTY OF THE P					ADDITIONS	CHANGES	Change	Addition	ĺ
NAME PHILIPS INTERN STREET ADDRESS 417 FIFTH AVEN				E Et address - St- Zip	7000032594171 -05/19/0001083014 *****50 00 *****50 00				<b>1</b>	/0/ E80±0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete			`		<del></del>	Change	Addition	5
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TITLE 1 NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delate		i				Changa	Addition	
TITLE  NAME STREET ADDRESS  THE STREET ADDRESS	ΛL	Detects					[ 	Change	Addition	
I hereby certify that the inform indicated on this report is true limited liability company or the SIGNATURE:	nation supplied vitt his e and accurate and hat he receiver of trustee ex	molan Redel	r the exe the same report as	mption stated in So e legal effect as if r s required by Chap MEMBA	ection 119.0 made unde oter 608, Flo	07(3)(i), Florida Statutes, coath; that I am a mana rida Statutes.	I further certifiging member	y that the in or manage	nformation er of the	