

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002626

1. Entity Name

534 EVERGLADES ISLAND, L.L.C.

APPROVED  
AND  
FILED

00 MAR 27 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

nj 4/16



DO NOT WRITE IN THIS SPACE

Principal Place of Business

222 LAKEVIEW AVENUE, PENTHOUSE #5  
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVENUE, PENTHOUSE #5  
WEST PALM BEACH FL 33401-6151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0874152

Applied For

Not Applicable

Zip

Country

Zip

Country

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, WILTON L ESQ.

625 NORTH FLAGLER DRIVE, 9TH FLOOR

WEST PALM BEACH FL 33401

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              | <input type="checkbox"/> Delete |
|-------|------------------------|-----------------------------------|--------------------------|---------------------------------|
|       | MGRM MORRISON, PEDRO G | 222 LAKEVIEW AVENUE, PENTHOUSE #5 | WEST PALM BEACH FL 33401 | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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|       |      |                |             | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             | <input type="checkbox"/>        |

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|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #