

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002734

1. Entity Name
SOUTHWARD HO PROPERTIES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:10

Principal Place of Business
C/O SPECTRUM COMMERCIAL GROUP, INC.
3600 COMMERCIAL BLVD. #216
FORT LAUDERDALE FL 33309

Mailing Address
C/O SPECTRUM COMMERCIAL GROUP, INC.
3600 COMMERCIAL BLVD. #216
FORT LAUDERDALE FL 33309-3338



2. Principal Place of Business
Suite, Apt. #, etc.
#216

3. Mailing Address
Suite, Apt. #, etc.
#216

DO NOT WRITE IN THIS SPACE

City & State
Zip
Country USA

City & State
Zip
Country USA

4. FEI Number 65-0875540
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPECTRUM COMMERCIAL GROUP, INC.
3600 COMMERCIAL BLVD. #216
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

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 (add suite #216)

SIGNATURE Anita P. Levin, Property Mgr/Registered Agent (ANITA P. LEVIN) 1/5/00
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 KAUFMAN, ROBERT Z 2400 EAST LAS OLAS BLVD. FORT LAUDERDALE FL 33301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Mf 212400
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003155880--2 -03/03/00--01016--001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Anita P. Levin, Property Mgr/Registered Agent 1/5/00 954-777-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

0006250 AF

CR2E083 (9/99)