TOTAL P.04 (printed upside down)

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 11 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002734

1. Entity Name

SOUTHWARD HO PROPERTIES, L.L.C.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
c/o Mink & Mink, Inc.		c/o Mink & Mink, Inc.	
Suite, Apt. #, etc.: 3081 E. Commercial Blvd		Suite, Apt. #, etc.: 3081 E. Commercial Blvd,	
City & State: Ft. Lauderdale, FL		City & State: Ft. Lauderdale, FL	
Zip: 33308	Country:	Zip: 33308	Country:

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.
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name: Mink & Mink, Inc.
Street Address (P.O. Box Number is Not Acceptable): 3801 E. Commercial Blvd., Sunnyvale Bl
City: Ft. Lauderdale FL Zip Code: 33308

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: Robert Kaufman [signature] 4/3/01

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 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addi 800004034758--7 -04/20/01--01032--021 *****50.00 *****50.00
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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] 4/3/01 954-491-9661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #