## **2001 UNIFORM BUSINESS REPORT (UBR)**

|  |   |  |                        | 100,  | _   |   |                           |                           |        |
|--|---|--|------------------------|---|---|---|---------------------------|---------------------------|--------|
| DOCUMENT # L9800002807  1. Entity Name MJ APALACHEE ASSOCIATES, L.L.C.   |   |  |                        |   |   | FILED   |                           |                           |        |
|  |   |  |                        | •   |   | OIFEBI9 AM  | 10-10                     |                           |        |
| Principal Place of Business  1601 BELVEDERE ROAD. SUITE 407 SOUTH WEST PALM BEACH FL 33406  Mailing Address  1601 BELVEDERE ROAD. SUITE 407 SOUTH WEST PALM BEACH FL 33406  WEST PALM BEACH FL 33406 |   |  |                        |   | SECRETARY OF STATE TALLAHASSEE, FLORIDA     |   |                           |                           |        |
| 2. Principal P   | Place of Business   | 3. Mailing Address   |                        |   |   |   |                           |                           |        |
| Suite, Apt. #, etc Suite, Apt. #, etc.   |   |  |                        | · · · · · · · · · · · · · · · · · · ·         |   | DO NOT WRITE IN TH  | IIS SPAÇE                 | . ***                     |        |
| City & Stat  | е   | City & State   |                        |   | 4. FEI N                                    | Number 65-0872441   | <del> </del>              | Applied For               | ]      |
| Zip  | Country   | Zip  | Cour                   | ntry  | 5. Certi                                    | ificate of Status Desired   | <b>\$5.00</b> A Fee Requi | dditional                 |        |
|  | 6. Name and Address of Current  | Registered Agent   |                        |   | 7. Nam                                      | e and Address of New Register   |                           |                           | 1      |
|  |   |  | Name /                 |   |   |   |                           |                           |        |
| MEYER, WILLIAM A 1601 BELVEDERE ROAD, SUITE 407 SOUTH  |   |  |                        | Street Address                                | Address (P.O. Box Number is Not Acceptable) |   |                           |                           |        |
| WESI, PA   | ILM BEACH FL 33406  |  |                        | City  |   |   | Zip Co                    | ode                       |        |
|  |   |  |                        |   |   | · · · · · · · · · · · · · · · · · · ·                                       |                           |                           |        |
| 8. The above   | named entity submits this statement for   | r the purpose of changing it                                     | s register             | ed office or registe                          | red agent,                                  | or both, in the State of Florida.   |                           |                           | l      |
|  |   |  |                        |   |   |   |                           |                           | Î      |
| SIGNATURE .  | Signature, typed or printed name of registered agent                                  | and title if applicable. (NO                                     | TE: Registere          | ed Agent signature require                    | d when reinstati                            | ing) OAI  | E                         |                           |        |
|  |   |  |                        |   |   | <del>┌┈╬╩┩┧╝┩╌┩╏┈┩╢┈╏╒╩</del> ╺╌ <del>╏</del>                               | <del>513</del> :          | <del>l II</del>           | 1      |
|  | ~ ;   | l l  |                        | FEE IS.\$50.00                                | -,  | -02/21/01-<br>*****50.0   | )() #####<br>∩10000       | ~UZ3<br>*¥90_00_          |        |
|  |   | Make Check P   | ayable 1               | to Department o                               | of State                                    | · · · · · · · · · · · · · · · · · · ·                                       | <b>ਮ</b> ]~ कककत          | ₩.JU <sub>#</sub> .UU.3a  | ~      |
|  | AAANA OINIO MEND  | EDO MENDEDO  | T 40                   |   |   | ADDITIONS (OLIVING  |                           |                           | ļ      |
| 9.   | MANAGING MEMB   |  | 10.                    |   |   | ADDITIONS/CHANG   |                           | - Addition                | 6      |
| TITLE<br>NAME  | MEYER, WILLIAM A  | Delete   | TITL<br>NAM            |   |   |   | ☐ Change                  | Addition                  | /11/00 |
| STREET ADDRESS   | 1601 BELVEDERE ROAD, SUITE  | 407 SOUTH  |                        | EET ADDRESS                                   |   |   |                           |                           |        |
| CITY-ST-ZIP  | WEST PALM BEACH FL 33406  |  |                        | -ST-ZIP                                       |   |   |                           |                           | F083   |
| TITLE  | MGRM  | ☐ Delete   | TITL                   | E   |   | 1   | ☐ Change                  | ☐ Addition                | L L    |
| NAME   | JABARA, RICHARD   | ,  | NAM                    |   |   | •   |                           |                           | C      |
| STREET ADDRESS   | 105 NEWTOWN ROAD  |  | STR                    | EET ADDRESS                                   |   |   |                           |                           | ł      |
| CITY-ST-ZIP  | DANBURY CT 06810  |  | CITY                   | '-ST-ZIP                                      |   |   |                           |                           | ĺ      |
| TITLE  |   | ☐ Delete   | TITL                   | E   |   |   | Change                    | ☐ Addition                | ĺ      |
| NAME   |   |  | NAM                    | IE  |   |   |                           |                           | ĺ      |
| STREET ADDRESS   |   | -  |                        | EET ADDRESS                                   |   |   |                           |                           | ĺ      |
| CITY-ST-ŽIP  |   |  | CITY                   | '-ST-ZIP                                      |   | ·<br>•  |                           |                           | ĺ      |
| TITLE  |   | ☐ Delete   | TITL                   |   |   | •   | ☐ Change                  | Addition                  | ĺ      |
| NAME<br>STREET ADDRESS   | - · · · · · · · · · · · · · · · · · · ·   |  | NAM<br>TETP            | EET ADDRESS                                   |   |   |                           | , _                       | ĺ      |
| CITY-ST-ZIP  |   |  |                        | -ST-ZIP                                       |   |   |                           |                           | ĺ      |
| TITLE  |   | ☐ Delete   | TITL                   | F   |   | ······································                                      | Change                    | ☐ Addition                | İ      |
| NAME   |   | Doing  | NAM                    |   |   | 1/  | C CHAIR                   |                           | ĺ      |
| STREET ADDRESS   |   |  | STR                    | EET ADDRESS                                   | `   | JW  |                           |                           | ĺ      |
| CITY-ST-ZIP  |   |  | CITY                   | '-ST-ZIP                                      |   | <u> </u>  |                           |                           | İ      |
| TITLE  |   | ☐ Delete   | TITL                   |   |   | ·   | ☐ Change                  | Addition                  |        |
| NAME   |   |  | NAM                    | - 1   |   |   |                           |                           | ĺ      |
| STREET ADDRESS   |   |  |                        | ET ADDRESS                                    |   |   |                           |                           | ĺ      |
| CITY-ST-ZIP  |   |  |                        | -ST-ZIP                                       |   |   |                           |                           |        |
| <ol> <li>I hereby of indicated</li> </ol>  | certify that the information supplied with<br>on this report is true and accurate and | this filing does not qualify for<br>that my signature shall have | or the exe<br>the same | mption stated in Se<br>e legal effect as if r | ection 119.0<br>nade under                  | 07(3)(i), Florida Statutes. I further a<br>r oath; that I am a managing men | certify that the          | information<br>per of the |        |
| limited lial   | bility company or the receiver or trustee   | enupowered to execute this                                       | report as              | s required by Chap                            | ter 608, Flo                                | orida Statutes.   |                           | ,                         | 1      |
|  | 200   | 1  | دد. رست                |   | _   | 1-11 (2)  | 100                       |                           | l      |
| <b>SIGNAT</b>  | URE:  | Mrs. Carolina  |                        | <u> </u>                                      | ವ   | 18/01 (561,   | 1687-                     | -6602                     |        |
|  | SIGNATURE AND TYPED OR PRINTED NAME O   | F SIGNING MANAGING MEMBER, MA                                    | NAGER, OR              | AUTHORIZED REPRESE                            | ENTATIVE                                    | Date  | Daytime Phone #           | · — <del>—</del>          | ĺ      |