2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # 1598000003458 02-27-2002 90086 020 ****50.00 1. Entity Name SECOND AVENUE SHOPPES, L.C. Principal Place of Business Mailing Address 14450 SMITH SUNDY RD 14450 SMITH SUNDY RD **DELRAY BEACH FL 33446 DELRAY BEACH FL 33446** 2. Principal Place of Business 3. Mailing Address 5801 N. Congress Avenué 5801 N. Congress Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite #202 Suite #202 City & State City & State Applied For 4. FEI Number 65-0889712 Boca Raton, FL Boca Raton, FL Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired 33487 USA 33487 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOMBACH, GEOFFREY S ESQ. Street Address (P.O. Box Number is Not Acceptable) 500 EAST BROWARD BOULEVARD, SUITE 1950 FORT LAUDERDALE FL 33394 Zio Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM TITLE TITI F ☐ Addition 90 ☐ Delete **Change** BILOWIT, FRED NAME NAME **CR2E083** STREET ADDRESS STREET ADDRESS 12539 ACME DAIRY RD CITY-ST-ZIP CITY-ST-7IP **BOYNTON BEACH FL 33437** TITLE WB MBRM ☐ Delete TITLE **Change** ☐ Addition WOLF, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 5801 N. Congress Avenue 14450 SMITH SUNDY RD CITY-ST-Z# CITY-ST-ZIP DELRAY BEACH FL 33446 Boca Raton, FL 33487 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Deleta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 of trustee disposeign to execute this report as required by Chapter 608, Florida Statutes.

FILED