2000 UNIFORM BUSINESS REPORT (UBR)

			(0011)	<u>, </u>
DOCUMENT # L9900000617 1. Entity Name				FILED
KANNER	AND MENDELSON, L.L.C.			00 JAN 28 PM 4: 21
Principal Place of Business 840 U.S. HIGHWAY #1. SUITE 400 NORTH PALM BEACH FL 33408		Mailing Address 840 U.S. HIGHWAY #1. SUITE 400 NORTH PALM BEACH FL 33408		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City. & State		4. FEI Number Applied For Not △;
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current F	legistered Agent	1	7. Name and Address of New Registered Agent
			Name -	र प्रदेशक कर है कि का अपने के स्थाप के अन्तर है कि
Kanner, Steven 840 U.S. Highway #1, Suite 400 North Palm Beach Fl 33408		;	Street Addi	ress (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	s registered office or re	gistered agent, or both, in the State of Florida.
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable. (NO	TE: Registered Agent signature re	equired when reinstating) DATE
			OW!!! FEE IS \$50 ayable to Departme	
9.	MANAGING MEMBE	I RS/MEMBERS	10.	ADDITIONS/CHANGES
TITLE MAME STREET ADDRESS	MGR KANNER, STEVEN 840 U.S. HIGHWAY #1, #400	□ Delsta ·	TITLE NAME STREET ADDRESS	200003121592—-2
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP	-02/02/0001104023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENDELSON, AVISHAI 840 U.S. HIGHWAY #1, #400 NORTH PALM BEACH FL 33408	☐ Cellette	TITLE MAME SYREET ADDRESS CITY-ST-ZIP	Change Comme
TITLE NAME STREET ADDRESS CITY-81-ZIP	** ** ***	Deleto	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
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TITLE NAME STREET AF DRESS CITY-ST-ZIP		☐ Dolesto	TITLE MAME STREET ADDRESS GITY-ST-ZUP	Change C
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Celette	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
indicated	certify that the information supplied with to this report is true and accurate and the library company of the receiver of trustee.	nat my signature shall have	the same legal effect a	in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that I am a managing member or manager of the

561-775-2098 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: