

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 12 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000001646**

1. Entity Name
PALMETTO PLACE ASSOCIATES, L.L.C.

Principal Place of Business
**2200 EAST 4TH AVENUE
HIALEAH FL 33013**

Mailing Address
**2200 EAST 4TH AVENUE
HIALEAH FL 33010-1420**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0902049

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUNETTI, JOHN J SR.
2200 EAST 4TH AVENUE
HIALEAH FL 33013**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

400003297894--8

-06/20/00 FL 11023 code 17

******50.00 ****50.00**

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

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	<input type="checkbox"/> Delete
MGR BRUNETTI, JOHN J SR.	2200 EAST 4TH AVENUE	HIALEAH FL 33013	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MEMBER BRUNETTI, JOHN J. JR.	2200 EAST 4TH AVENUE	HIALEAH, FL 33013	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MEMBER BRUNETTI, STEPHEN P.	2200 EAST 4TH AVENUE	HIALEAH, FL 33013	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/> Change	<input type="checkbox"/> Addition
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: _____

SIGNATURE REQUIRED

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

Date **5/2/00**

Daytime Phone #

2001672

FILED