CR2E083 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 03, 2002 8:00 am Secretary of State DOCUMENT # L99000002055 1. Entity Name 04-03-2002 90024 043 ****50.00 SPA ATLANTIS MANAGEMENT, LLC Principal Place of Business Mailing Address 0000000 1460 SOUTH OCEAN BLVD 1460 SOUTH OCEAN BLVD POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0912583 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEISMAN WALLACK, MICHAEL M Street Address (P.O. Box Number is Not Acceptable) 27 FLETCNER AVENUE SARASOTA PL34237 City 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. ☐ Addition TITLE ☐ Change TITLE 🔽 Delete MGR NAME NAME GROSS LEONARD STREET ADDRESS STREET ADDRESS 13020 SOUTH HAMPTON DRIVE CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 33923 ☐ Addition TITI F ☐ Delete TITLE MGR NAME 17890 Deguville LAME Boir Parton FL 3 NAME HALPERIN, MAURICE STREET ADDRESS STREET ADDRESS 2500 NORTH MILITARY TRAIL, SUITS 225 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33491 ■ Addition Delete TITLE TITLE MGR NAME BLOOM ASHLEY NAME STREET ADDRESS STREET ADDRESS 1350 NORTH-OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Change Addition TITI F ☐ Delete TITLE NAME MINKIN, CAROL STREET ADDRESS STREET ADDRESS 4405 WOODFIELD BLVD CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.