

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 15, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000002271**

1. Entity Name

PATTEN PROPERTIES, L.C.

Principal Place of Business

Mailing Address

1803 MADRID AVENUE

1803 MADRID AVENUE

LAKE WORTH
33461

FL

LAKE WORTH
33461

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0923431

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

PATTEN FRED
1803 MADRID AVENUELAKE WORTH
33461

US

FL

Name

Street Address (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 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)

02/15/2001

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM ☐ Delete
NAME PATTEN ROBERT
STREET ADDRESS 730 OCEAN INLET DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33435TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE MGRM ☐ Delete
NAME PATTEN JOAN
STREET ADDRESS 115 LAKESHORE DRIVE, APT 1047
CITY-ST-ZIP NORTH PALM BEACH FL 334083644TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE MGRM ☐ Delete
NAME PATTEN STEPHEN
STREET ADDRESS 642 MARINERS WAY
CITY-ST-ZIP BOYNTON BEACH FL 334353246TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE MGRM ☐ Delete
NAME PATTEN FRED
STREET ADDRESS 115 LAKESHORE DR., APT 1047
CITY-ST-ZIP NORTH PALM BEACH FL 334083644TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Stephen Patten

MGRM 02/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)