

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012922 AF

DOCUMENT # **L99000002517**

1. Entity Name  
**2401 VAN BUREN INVESTMENTS, LLC**

FILED

01 MAY -2 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2237 N. COMMERCE PARKWAY  
SUITE 3  
WESTON FL 33326**

Mailing Address  
**2237 N. COMMERCE PARKWAY  
SUITE 3  
WESTON FL 33326**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0393293**      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

**MANELLA, ROSS H ESQ.  
2237 N. COMMERCE PARKWAY  
SUITE 3  
WESTON FL 33326**

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 \_\_\_\_\_ (NOT: 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       Delete  
NAME      **MGR**  
STREET ADDRESS      **ELLNER, DAVID**  
CITY-ST-ZIP      **10085 BAY HARBOUR DRIVE TERRACE  
BAY HARBOUR ISLAND FL 33154**

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME      **900004303199--7**  
STREET ADDRESS      **-05/23/01--01117--018**  
CITY-ST-ZIP      **\*\*\*\*\*50.00      \*\*\*\*\*50.00**

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE       Delete  
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CITY-ST-ZIP

TITLE       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: *David Ellner*      Date: 5/26/01      Daytime Phone #: (904) 385-3637

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

CR2E083 (11/00)