CR2E083 (9/01

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am Secretary of State DOCUMENT # L9900002784 02-26-2002 90011 020 ****50 00 21 WEST, LLC Principal Place of Business Mailing Address 21 WEST LAS OLAS BLVD. 21 WEST LAS OLAS BLVD. FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. 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 65-0928973 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALMOS, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 21 WEST LAS OLAS BLVD. FORT LAUDERDALE FL 33301 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE **MGRM** ☐ Delete ☐ Change Addition NAME HALMOS, STEVEN J NAME STREET ADDRESS STREET ADDRESS 21 WEST LAS OLAS BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Defete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-218 Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 true 60 fmpowered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE:

WHE TROUBINEU