

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002812

1. Entity Name
STRATEGIC OPERATING PARTNERS, L.L.C.

APPROVED
AND
FILED

00 MAY -1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
809 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432

Mailing Address
809 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432-5105



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ONE SOUTH OCEAN BLVD

3. Mailing Address
ONE SOUTH OCEAN BLVD

Suite, Apt. #, etc.
SUITE 206

Suite, Apt. #, etc.
SUITE 206

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
65-0919648

Applied For
Not Applicable

Zip
33432

Country
U.S.

Zip
33432

Country
U.S.

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

CHATOFF, HOWARD S
809 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432

Name

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

ONE SOUTH OCEAN BLVD, SUITE 206

City
BOCA RATON

FL

Zip Code
33432

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
MGR
POSITRON PARTNERS, LLC
STREET ADDRESS
809 EAST PALMETTO PARK ROAD
CITY-ST-ZIP
BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
MGR
POSITRON PARTNERS, LLC
STREET ADDRESS
ONE SOUTH OCEAN BLVD, SUITE 206
CITY-ST-ZIP
BOCA RATON, FL 33432 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)