## 2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNIFURM	PO21M	ESS REPU	/N I	(UDN)	_			
DOCUMENT # L9900002903  1. Entity Name						FILED			
BREEZE PROPERTIES, L.L.C.						SECRETARY OF STATE DIVISION OF CORPORATIONS			
						<u> </u>	00 FEB - 1 PM I	2: 00	
Principal Place of Business Mailing Address -							00120 1		
5014 BLUE HERON WAY 5014 BLUE HERON WAY BOCA RATON FL 33431 BOCA RATON FL 33431-5249						ŧ 			•
DOOR HATON	12 30431		DOOR HINTON TE SONOT	0240		,	PERMINIA AKA PAMPA NEMIA RENJA BERMI BANJA AR	DIE <b>COLLO</b> DI <b>RID</b> (BOL)	<b>1118</b> 2 (()) ( <b>189</b> )
2 Principal D	llage of Rusiness		Mailing Address	<u>_</u>					
2920 NW Boca Raton Blud, 2920 NW Boca A					Raton Blud	4			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite 16  Suite 16						DO NOT WRITE IN THIS SPACE			
BOC Q	Raton Fla	orida B	City & State Rat	06 F	lorida	4. FEIN	umber -0952190	ļ !	pplied For مع المجاهدة
Zip	Country	0	Zip 22431	Coun		5. Certif	icate of Status Desired	\$5.00 Add	ditional
259.	6. Name and Address	of Current Reg		] _ <u>U</u>	· _>_ <i>[</i> 7	7. Name	and Address of New Registere		<u> </u>
DICKENSON, DAVID B  980 NORTH FEDERAL HIGHWAY, SUITE 410									
						P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33432								,	
					City		F	Zip Cod	e
8. The above	named entity submits this s	tatement for the	purpose of changing its	s registere	ed office or register	ed agent, o	or both, in the State of Florida.		
ŞIĞNATURE,	Signature, typed or printed name of re	distered agent and titl	le if applicable. (NO	TE: Registere	d Agent signature required	when reinstating	ng) DATE		
, 1 e i . 4	**	3	•						
			Make Check Pa		o Department o	f State	<u> </u>	<u></u>	<del></del>
9.	MANAG	ING MEMBERS,	/MEMBERS	10.			ADDITIONS/CHANG	ES	
TITLE	MGR		☐ Delate	TITL	ì			☐ Change	Addition
NAME STREET ADDRESS	Carnrick, Paul K   5014 Blue Heron W/	AY		NAM Stre	EET ADDRESS		10/		
CITY-8T-ZIP	BOCA RATON FL 3343	1			- 8T- ZIP				
TITLE NAME			(Collection	TITLI MAM			T0000312	□ Change 3597	Addition
STREET ADDRESS CITY-87-ZIP	,				ET ADDRESS - ST-ZIP		-02/04/00- *****55.0		·020 ·55 <b>.</b> 00
TITLE			☐ Delete	TITL			4444444444	☐ Change	Addition
NAME Street address	· .			NAM STRE	ET ADDRESS	=======================================		~- <u>-</u> -	<del></del>
C177-87-21P					-81-ZIP			Change	-مادانيان ا
TITLE Name			∟ Delete	NAM				□ வளு	Addition
STREET ADDRESS CITY-ST-ZIP		•			ET ADDRESS - ST- ZIP				
TITLE			☐ Delete	TITL	<u> </u>			Change	Addition
NAME STREET ADDRESS		^		NAM STRE	E Et address				
CITY-87/2IP	<u>.</u>		<u></u>	-	- 8T- ZIP				
NAME .		•	Delete	TITLI NAM				Change	Addition
STREET ADDRESS CITY-ST-ZIP		, '		1	EET ADDRESS - ST-ZIP				
11 I hereby	certify that the information su	ipplied with this	filing does not qualify formy signature shall have	or the exe	mption stated in Se	ection 119.0	77(3)(i), Florida Statutes. I further of	certify that the in	nformation or of the
limited lia	bility company or the receiv	er or trustee em	my aignature arial ridge powered to execute this	report as	s required by Chapt	ter 608, Flo	oath; that I am a managing men rida Statutes.		•
SIGNAT	TIDE. Y MAN	UK/	על לתתת לו	AS	PaulL	Ca	mrich 1.24.	00 33	8-09
JINNI		TYPED OR PRINTED	NAME OF SIGNING MANAGING	MEMBER C			Date	Daytime Phone #	<b>,</b>