2001 UNIFORM BUSINESS REPORT (UBI	2001	UNIFORM	<b>BUSINESS</b>	REPORT (	(UBF
-----------------------------------	------	---------	-----------------	----------	------

FILED   OI APR 27 PM 4; 53   SECRETARY OF STATE   TALLAHASSEE. FLORIDA										
SCRATURE  SCRATURE  SCRATURE  SCRETARY OF STATE TALL AHASSE. FLORIDA  SECRETARY OF STATE TALL AHASSE. FLORIDA  SECRETAR			00002918				FILED			
150 SOUTH CONGRESS AVE. SUITE 200 DELRAY BEACH FL 33445  Z. Principal Place of Business Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE  City & State	·					01 APR 27 PM 4: 53				
150 SOUTH CONGRESS AVE. SUITE 200 DELRAY BEACH FL 33445  Z. Principal Place of Business Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE  City & State						SECR	ETARY OF STATE	ſĖ		
DELRAY BEACH FL 33445  2. Principal Flace of Business  3. Mailing Address  Suta, Apt. #. etc.  City & State  City	Principal Plac	e of Business	Mailing Address			TALLA	HASSEE, FLOR	IDA 🕠		
Sute, Apt. 4. etc.  DO NOT WRITE IN THIS SPACE  Applied For Not Applicable					SUITE 200	,				
Sute, Apt. 4. etc.  DO NOT WRITE IN THIS SPACE  Applied For Not Applicable		····		. <u> </u>						
City & State    City & State   City & State   City & State   A. FEI Number   65-0926153   Applied For   Not Applicable   St. On Additional   Fash Reciprior   Registered Agent   St. On Additional   Fash Reciprior   Fash Reciprio	2. Principal P	lace of Business	3. Mailing Address			( )	<u> </u>	713 <b>40</b> 540 5505 1 10501	11887 1811 1981	
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional Fee Required   \$5.00 Additiona	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS	S SPACE		
EXP Country Zip Country	City & State	9	City & State			4. FEI Number	65-0926153	) <del></del>	•	
S. Name and Address of New Registered Agent  LEW, ROBERT A 1690 SOUTH CONGRESS AVE., SUITE 200  DELRAY BEACH FL 33445  City FL Zip Code  8. The above named ontily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Symbol private or private or private name of states agent and their application.  FILE NV  III FEE IS \$50.00  Make Check Paid able to Department of State  SHERT ADDRESS  MANAGING MEMBERS/MEMBERS  BORN  MARM  LEVY, ROBERT A 100 SOUTH CONGRESS AVE., SUITE 200  DELRAY BEACH FL 33445  DELRAY BEA	Zip	Country	Zip	Cour	ntry	5. Certificate of Sta	atus Desired	\$5.00 Add	litional	
Name		6. Name and Address of Current	Registered Agent		Ţ	7. Name and Add	ress of New Registerer	<u> </u>		
1690 SOUTH CONGRESS AVE., SUITE 200 DELRAY BEACH FL 33445  B. The above named ontity submits this stagement for the purpose of changing its injustered office or registered agent, or both, in the State of Florida.    Congression of the purpose of changing its injustered office or registered agent, or both, in the State of Florida.    Congression of the purpose of changing its injustered office or registered agent, or both, in the State of Florida.    Congression of the purpose of changing its injustered office or registered agent, or both, in the State of Florida.    Congression of the purpose of changing its injustered office or registered agent, or both, in the State of Florida.    Congression of the purpose of changing its injustered office or registered agent, or both, in the State of Florida.    Congression of the purpose of changing its injustered office or registered agent, or both, in the State of Florida.    Congression of the purpose of changing its injustered office or registered agent, or both, in the State of Florida.    Congression of the purpose of changing its injustered office or registered agent, or both, in the State of Florida.    Congression of the purpose of changing its injustered office or registered agent, or both, in the State of Florida.    Congression of the purpose of changing its injustered of the purpose					Name		-	:		
DELRAY BEACH FL 33445    City   FL   Zip Code	LEVY, ROBERT A				Street Addres	s (P.O. Box Number is N	lot Acceptable)			
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered entities of the purpose of changing its registered entities of the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE			0							
B. The above named entity submits this statement for the purpose of changing its indistinged price or registered agent, or both, in the State of Florida.    SIGNATURE   Signature, types of printed name of Aginered agent and title II applicable.   NOTE   Replaced Apont agricular required effect instinating)   Unit	DELRAY (	BEACH FL 33445								
SIGNATURE    Signature   Signa					City	-	F	Zip Code	) 	
FILE NC	8. The above	named entity submits this statement for	or the purpose of changing its	egister	ed office or regis	tered agent, or both, in t	he State of Florida.			
FILE NC		The state of the s	Osh	44	A 121	la .	4/27/	)/		
PILE NC WILL FEE IS \$50.00 Make Check Par able to Department of State  9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES  TITLE MARK LEVY, ROBERT A 1880 SOUTH CONGRESS AVE., SUITE 200 DELRAY BEACH FL 33445  CITY-ST-ZIP  MGRM SADKIN, S. MARTIN 1880 SOUTH CONGRESS AVE., SUITE 200 DELRAY BEACH FL 33445  CITY-ST-ZIP  MGRM SADKIN, S. MARTIN 1880 SOUTH CONGRESS AVE., SUITE 200 DELRAY BEACH FL 33445  CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  MGRM SADKIN, S. MARTIN 1880 SOUTH CONGRESS AVE., SUITE 200 DELRAY BEACH FL 33445  CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME MAME MAME MAME MAME MAME MAME MA	SIGNATURE _	Signature, typed or printed name of egistered agent	and title if applicable. (NOTE	Registere	d Agent signature requ	ired when reinstating)	DATE			
MGRM LEVY, ROBERT A 1690 SOUTH CONGRESS AVE., SUITE 200 DELRAY BEACH FL 33445  MITTLE NAME STREET ADDRESS CITY-ST-ZIP  MGRM SADKIN, S. MARTIN 1690 SOUTH CONGRESS AVE., SUITE 200 DELRAY BEACH FL 33445  DELRA		,		Will						
MGRM LEVY, ROBERT A 1690 SOUTH CONGRESS AVE., SUITE 200 DELRAY BEACH FL 33445  TITLE NAME STREET ADDRESS STREET	9.	MANAGING MEME	ERS/MEMBERS	10.			ADDITIONS/CHANGE	S		
LEVY, ROBERT A 1690 SOUTH CONGRESS AVE., SUITE 200 DELRAY BEACH FL 33445  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM				TITL	E			☐ Change	Addition	
DELRAY BEACH FL 33445	I	LEVY, ROBERT A								
MGRM SADKIN, S. MARTIN 1690 SOUTH CONGRESS AVE., SUITE 200 DELRAY BEACH FL 33445  ITILE NAME NAME NAME NAME NAME NAME NAME NAME	ı									
SADKIN, S. MARTIN   1690 SOUTH CONGRESS AVE., SUITE 200   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   Delete   TITLE   NAME			☐ Delete	TITL	E			· Change	Addition	
CITY-ST-ZIP DELRAY BEACH FL 33445  CITY-ST-ZIP	NAME	SADKIN, S. MARTIN 1690 SOUTH CONGRESS AVE., SUITE 200				100004321171			3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	· · · · · · · · · · · · · · · · · · ·			- 6		-05/16/8101132012 ************************************				
NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME NAME NAME NAME NAME NAME NAME NAM		DELKAY BEAUM FL 33445	□ Delete	-	· · · · · · · · · · · · · · · · · · ·		李宗宗宗亦, 11 ( - 1			
CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	ŀ									
TITLE NAME VAME VAME VAME VAME VAME VAME VAME V	1									
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	-	·	□ Delete	+				Cbange	Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE MAME MAME MAME MAME TITLE MAME MAME TITLE MAME TITLE MAME MAME TITLE MAME MAME MAME MAME MAME MAME MAME MA	ı		TH Delete					- C.ango		
TITLE TITLE TITLE TITLE TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE NAME NAME NAME NAME NAME NAME NAME	TREET ADDRESS				1					
NAME STREET ADDRESS CITY-ST-ZIP CITYE Delete TITLE NAME NAME NAME TITLE NAME TITLE NAME				-	<del></del>				C) Addition	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITYE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME	ı		L.J Delete					Unange	III AOOITION	
	ı			•	•					
VAME NAME	CITY-ST-ZIP			CITY	-ST-ZIP					
	ı	-	Delete					☐ Change	Addition	
OTHER REPRESENTATION OF THE PROPERTY OF THE PR	ı			1						
CITY-ST-ZIP CITY-ST-ZIP				1	1					
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	II. I hereby c	ertify that the information supplied with	n this filing does not qualify for	:he exe	mption stated in	Section 119.07(3)(i), Flo	rida Statutes. I further c	ertify that the in	nformation	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

CR2E083 (11/00)