2004 UNIFORM BUGINESS BERORT (URB)	F		
2001 UNIFORM BUSINESS REPORT (UBR)	. 1	و. عد مست. به	* - * * * * *
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1. Entity Nar		00003262				FILED TOT MAR 21 PM 12: 4		
Principal Place of Business 2581 N.W. 36TH STREET BOCA RATON FL 33434 Mailing Address 2581 N.W. 36TH STREET BOCA RATON FL 33434			SECRETARY OF STATE TALLAHASSEE. FLORIDA					
2. Principal F	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 57-0608893 Applied For Not Applicable					
Zip	Country	Zip	Count	try	5. Certificate of Status Desired Status Desired Fee Required			
	6. Name and Address of Current	Hegistered Agent		Name	7. Nam	e and Address of New Registered	Agent	
JUDGE, JOSEPH D JR. 2581 N.W. 36TH STREET		Street Address (P.O. Box Number is Not Acceptable)						
BOCA RA	ATON FL 33434			City	 ,	FI	Zip Code	e
8 The above	named entity submits this statement for	y the purpose of changing its	rogistere	d office or regis	tered egent			
SIGNATURE .	Signature, typed or printed name of registered agent	, ,		Agent signature requ				
		FILE No Make Check Pa		EE IS \$50.0 Department				
9.	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS/CHANGES	3	
TITLE , NAME Street address City-St-Zip	MGR SIX SISTERS PLANTATION, INC 2581 N.W. 36TH STREET BOCA RATON FL 33434	□ Delete		T ADDRESS ST-ZIP		•	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	MGR JUDGE, JOSEPH D JR. 2581 N.W. 36TH STREET BOCA RATON FL 33434	☐ Delete		T ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOOK PATOR 12 33404	☐ Delete	TITLE NAME STREE			600003911 -03/27/010 ****150.00	The -0	. ~
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP		!	☐ Change	Addition
TITLE '		☐ Delete	TITLE	LADDATEC			☐ 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.

CITY-ST-ZIP

CITY-ST-ZIP