

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -4 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03610-1310-250

DOCUMENT # L99000003274
1. Entity Name
ALPHA ONE, LLC NOW KNOWN AS 840 JUPITER PARK, LLC

Principal Place of Business	Mailing Address
18345 SE VILLAGE CIRCLE DRIVE TEQUESTA FL 33469	18345 SE VILLAGE CIRCLE DRIVE TEQUESTA FL 33469-1790

2. Principal Place of Business	3. Mailing Address
600 SANDTREE DRIVE Suite, Apt. #, etc. SUITE 212 City & State PALM BEACH GARDENS, FL Zip 33403 Country USA	600 SANDTREE DRIVE Suite, Apt. #, etc. SUITE 212 City & State PALM BEACH GARDENS, FL Zip 33403 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0928856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BERROCAL, CARLOS J
801 MAPLEWOOD DRIVE, SUITE 22-A
JUPITER FL 33458

7. Name and Address of New Registered Agent
Name
DONNA McDONALD
Street Address (P.O. Box Number is Not Acceptable)
600 SANDTREE DRIVE, SUITE 212
City
PALM BEACH GARDENS **FL** Zip Code
33403

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 *Donna McDonald* **4/26/00**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANDE, LAWRENCE A JR 18345 SE VILLAGE CIRCLE DRIVE TEQUESTA FL 33469 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALPHA ONE, LLC 600 SANDTREE DRIVE, SUITE 212 PALM BEACH GARDENS, FL 33403 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Lawrence A. Pande* SIGNATURE REQUIRED **4/24/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #