2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND

DOCUMENT # L99000003286 1. Entity Name 00 APR 23 AM 9: 08 FAST REAL ESTATE PARTNERS, LLC SECRETARY OF STATE TALLAHASSEE! FLORIDA Principal Place of Business Mailing Address 51 COMPASS LANE 51 COMPASS LANE FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-2009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MOW Applied For City & State City & State Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FAST REAL ESTATE PARTNERS, LTD. Street Address (P.O. Box Number is Not Acceptable) 51 COMPASS LANE FT. LAUDERDALE FL 33308 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable **800003245348--4** -05/09/00--01113--020_ FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State *****50.00 *****50.00 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. Change Addition TITLE TITLE MGRM Delete NAME NAME FAST REAL ESTATE PARTNERS, LTD. STREET ADDRESS 51 COMPASS LANE STREET ADDRESS CITY-81-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 addition | ☐ **Del**ate TITLE ☐ Change TITLE NAME RAME STREET ADDRESS STREET ADDRESS CITY- \$1-719 CITY-ST-ZIP Change Addition TITLE Delete TITI F NAME NAME STREET ADDRESS RTREET ADDRESS CITY-8T-ZIP CITY-ST-71P ☐ Change Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 71P CITY-ST-ZIP Change Addition TITLE Octoba TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY- ST-ZIP ☐ Change ■ Addition ☐ Defeto TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME OF SIGNING MANAGING MEMBER OR MANAGER

APPROVEL

Daytime Phone #

Date