2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR

Mar 07, 2002 8:00 am Secretary of State DOCUMENT # L9900003860 1. Entity Name 03-07-2002 90037 017 ****50.00 SIEGEL/TEMPLETON PROPERTIES, L.C. Principal Place of Business Mailing Address 4100 GALT OCEAN DRIVE, UNIT #1501 4100 GALT OCEAN DRIVE, UNIT #1501 864-1 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Busines 3. Mailing Address 2216 NW8 2,6NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Wilton Marson City & State Applied For City & State 4. FEI Number 65-0936341 <u>3₹31</u> Not Applicable Zio 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 SIEGEL, JOHN M Street Address (P.O. Box Number is Not Acceptable) 4100 GALT OCEAN DRIVE, UNIT #1501 FORT LAUDERDALE FL 33308 33311 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or pr FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM Change TITLE ☐ Addition TITLE ☐ Delete NAME SIEGEL, JOHN M NAME STREET ADDRESS 4100 GALT OCEAN DRIVE, UNIT #1501 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 MGRM Change ☐ Addition ☐ Delete TITLE TITLE TEMPLETON, JOHN H NAME NAME 2216 NW 8th Terree STREET ADDRESS 4100 GALT OCEAN DRIVE, UNIT #1501 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED