2001 UNIFORM BUSINESS REPORT (UBR)								
DOCUMENT # L9900003935 1. Entity Name								
NORTHWEST FLORIDA BLIMPIE REALTY, LLC					FILED			
Principal Place of Business Mailing Address 9200 SOUTH DADELAND BLVD., SUITE 508 1775 THE EXCHANGE, SUITE C/O UNITED CORPORATE SERVICES, INC. ATLANTA GA 30339 MIAMI FL 33156					O1 SEP 19 SEGRETARY OF TALLAHASSEE,	STATE -		
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEIN	4. FEI Number 58-1993532 Applied For Not Applicable			
Zip	. Country .	Zip	Country		ficate of Status Desired	\$5.00 Add Fee Require	ditional	
	6. Name and Address of Current F		7. Nam	e and Address of New Register	ed Agent			
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI FL 33156			Name Street Ad	Street Address (P.O. Box Nurnber is Not Acceptable)				
			City	City FL 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.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Make Check Par		VIII FEE IS \$50.00 able to Department of State		5000046114455 -09/26/0101012018 *****50.00 ******50.00				
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/CHANG	SES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEANESS, CHARLES 740 BROADWAY, 12TH FLOOR NEW YORK NY 10003	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE Y NAME 7 STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

11. I hereby certify that the information supplied with this filing gloes for 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 anythat 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 of the feceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

6/8/01