2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name	MENT # L9900 s herald plaza, llc		Secreta 05-12-2002 9						
Principal Place	of Business								
	1096 E. NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH FL 33442		RT CENTER DR						
			31116 00772		1100000	95			
2. Principal Pla	ace of Business	3. Mailing Addres	ss	DO NOT WRITE					
Suite, Apt. #	, etc.	Suite, Apt. #, e	tc.						
City & State		City & State		·	4. FEI Number 65-0957				
Zip	Country	Zip	Cou	ntry	5. Certificate of Status Desired				
	6. Name and Address of Curr	ent Registered Agent			7. Name and A	ddress of New Re			
BITT	ERS, MALCOLM			Name					
1096	E. NEWPORT CENTER DR., : FIELD BEACH FL 33442	STE. 100	Street Addre			ess (P.O. Box Number is Not Acceptable)			
				City	······································	· · · · · · · · · · · · · · · · · · ·			
8. The above n	amed entity submits this statemer	ot for the purpose of chan	nging its register	ed office or regi	stered agent, or both,	in the State of Florid			
SIGNATURE	gnature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registere	d Agent signature req	uired when reinstating)	· -			
		F	ILE NOW!!!	FEE IS \$50.0	00	,			
		Make Che	eck Payable t Due By M		t of State				
9.	MANAGING MEN	BERS/MANAGERS	I 10.			ADDITIONS (S)			
TITLE	MGRM	Dele			 	ADDITIONS/CI			
NAME	BUTTERS, MALCOLM		NAM	i i					
STREET ARRIBESS	1006 E NEWDODT CENTED	DD CTE 400							

FILED 2, 2002 8:00 am etary of State May 12.

90582 013 ****50.00

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		S	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
		City & State		4.	4. FEI Number 65-0957746				Applied For			
Zip	Zip Country Zi		Country		5.	5. Certificate of Status Desired			\$5.00 A			
6. Name and Address of Current Registered Agent					L	7. Name and Address of New Registered Agent						
						Name		Haine and A	doress of MeM He	gistered	Agent	
BUTTERS, MALCOLM 1096 E. NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH FL 33442						Street Address (P.O. Box Number is Not Acceptable)						
						City		·		Fl	Zip Co	ode
8. The above	named entity	y submits this statemen	t for the pu	rpose of changing its	registere	ed office or	registered ac	ent, or both	in the State of Flor	ida		
								,				
SIGNATURE .	Signature typed	or printed name of registered ag	Ant need title if a									
	orginatore, typeo	or printed harne of registered ag	ent and title if a	ipplicable (NOTE	: Registered	f Agent signatur	re required when r	einstating)		DATE		
				Make Check Pa	yable to	FEE IS \$5 Departm by 1, 2002	ment of Sta	te				
9.	· · ·	MANAGING MEM	BERS/MAI	NAGERS	10.				ADDITIONS/C	HANCE		··········
TITLE	MGRM			☐ Delete	TITLE				ADDITIONS/C	HANGES		C Addition
NAME		S, MALCOLM			NAME	T I					Change	Addition
STREET ADDRESS	REET ADDRESS 1096 E. NEWPORT CENTER DR., STE. 100 STE			STREE	T ADDRESS							
CITY-ST-ZIP	DEERFIE	LD BEACH FL 33442			CITY-	ST-ZIP						
TITLE	MGRM			☐ Delete	TITLE						Character Character	
NAME	Butter,	MARK			NAME						☐ Change	☐ Addition
STREET ADDRESS	ADDRESS 1000 E NICHPORT OFFITED DD OTE 400				T ADDRESS							
CITY-ST-ZIP	DEERFIEL	D BEACH FL 33442			CITY-	ST-ZIP						
TITLE				☐ Delete	TITLE				·			
NAME					NAME						☐ Change	☐ Addition
STREET ADDRESS						TADDRESS						
CITY-ST-ZIP					CITY-							
TITLE				☐ Delete	TITLE							
NAME				E Dolate	NAME						Change	☐ Addition
STREET ADDRESS						TADDRESS						
CITY-ST-ZIP					CITY-S	ST-ZIP						
TITLE				☐ Delete	TITLE		·	···-				
NAME				D Delete	NAME	ľ					Change	☐ Addition
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					CITY-S	1						
TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Delete	TITLE		·					
NAME				- Coloto	NAME	1					☐ Change	☐ Addition
STREET ADDRESS					•	ADDRESS						
CITY-ST-ZIP					CITY-S							[
11. I hereby ce indicated o	ertify that the i	information supplied wit is true and accurate and	th this filing	does not qualify for t	he exem	ption stated egal effect	d in Section 1 as if made ur	19.07(3)(i), F	orida Statutes. I fu at I am a managing	rther cert	tify that the in	nformation er of the

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

4/29/02

Date

(954) 570-8111