2000	ONIFORM BOS	INESS NEFO		(OBN)	_					
DOCUMENT # L9900004511 1. Entity Name DSLA REALTY, L.C.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
						OD MAD TO	eu io. () F		
Principal Place of Business Mailing Address						00 MAR 16 AM 10: 35				
387 WYANANDACH AVENUE NORTH BABYLON NY 11704 387 WYANANDACH AVENUE NORTH BABYLON NY 11704-1501						0 -	2102	100		
				mf 3/22/00						
				_						
2. Principal P	3. Mailing Address	Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			1	DO NOT WRITE IN THIS SPACE				
City & State	<u> </u>	City & State	City & State		4. FEIN	4. FEI Number Applied For				
								t Applicable		
Zip	Country	Zip	Country		5. Certi	ficate of Status Desired		5.00 Add ee Required		
	7. Name and Address of New Registered Agent									
LINZNER, BETH E ESQ. Street Add 1001 WEST CYPRESS CREEK ROAD, SUITE 320										
					Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE FL 33309										
			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.										
CIONIATURE										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
		· • • • • • • • • • • • • • • • • • • •		FEE IS \$50.00		•				
		Maké Check Pa	yable t	o Department	of State					
9.	MANAGING MEMB	ERS/MEMBERS	10.			ADDITIONS	/CHANGES			
TITLE NAME	MGR	Calate	TITU					Change	_ Addition	
STREET ADDRESS	BRAUNSTEIN, DAVID A 387 WYANANDACH AVENUE			ET ADDRESS		-03/30	1899 7001	3 4: 0-	3	
CITY-ST-ZIP	NORTH BABYLON NY 11704			- \$T- ZIP			50.00	****	0_00	
TITLE NAME		Delete	TITL	i				Change	Addition	
STREET ADDRESS				ET ACORESS - ST-ZIP						
CITY-ST-ZIP		· Delete	TITL		-			Change	Addition	
MAME			MAM	E						
STREET ADDRESS GITY-ST-ZIP				- ST- ZIP						
TITLE		☐ Delete	TITL	E				Change	Addition	
MAME STREET ADDRESS			MAM RTRI	EET ADDRESS						
CITY- &T- ZIP				- 8T- ZIP						
TITLE		☐ Quieto	TITL			_		Change	☐ Addition	
NAME STREET ADDRESS			MAM STRI	ET ADDRESS						
CITY- &T-ZIP			CITY	-ST-ZIP						
TITLE NAME		☐ Deleto	TITL	i				☐ Change	Addition	
STREET ADDRESS			#TRI	EET ADDRESS						
14 i boroby	postification information according to the	this filling does not qualify for		-81-ZIP	Section 110	07(3Vi) Florida Statutos	I further cert	ify that the in	nformation	
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.										
	0001	22.8.9	1794C) 84888			4			Ì	
SIGNATURE: Dad GORALIE SUIRED						Gres, Lout				
	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING MANAGING	MEMBER (OR MANAGER		Date	Da	ytime Phone #		