

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 24 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6909000
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DOCUMENT # **L99000004696**

1. Entity Name
THE EDSON HOUSE, LLC

Principal Place of Business
**2601 E. OAKLAND PARK BLVD., #208
FT. LAUDERDALE FL 33306**

Mailing Address
**2601 E. OAKLAND PARK BLVD., #208
FT. LAUDERDALE FL 33306-1612**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**C/O WILLIAM H. LEFKOWITZ
3100 N. OCEAN BOULEVARD #1008
FT LAUDERDALE FLORIDA 33308**

3. Mailing Address
**C/O WILLIAM H. LEFKOWITZ
3100 N. OCEAN BOULEVARD #1008
FT LAUDERDALE FLORIDA 33308**

MNM

City & State

City & State

4. FEI Number
65-0938664

Applied For
 Not Applicable

Zip Country
USA

Zip Country
USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHWARTZ, HOWARD L
2101 CORPORATE BLVD., SUITE 414
BOCA RATON FL 33431**

Name
WILLIAM H. LEFKOWITZ
Street Address (Post Office Box is Not Acceptable)
**3100 N. OCEAN BOULEVARD #1008
FT LAUDERDALE FLORIDA 33308**
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 *William H. Lefkowitz Registered Agent & Manager* 4/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400003244944--5
-05/09/00--01097--004
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM LEFKOWITZ, WILLIAM H 2601 E. OAKLAND PARK BLVD., #208 FT. LAUDERDALE FL 33306	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MANAGER WILLIAM H. LEFKOWITZ 3100 N. OCEAN BOULEVARD #1008 FT LAUDERDALE FLORIDA 33308	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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.

SIGNATURE: *William H. Lefkowitz* MANAGER 4/20/00 954-564-6784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #
WILLIAM H. LEFKOWITZ

CR2E083 (9/99)