

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004767

1. Entity Name

PICKETT PLACES, LLC

Principal Place of Business

8120 SW 99TH AVENUE
MIAMI FL 33173

Mailing Address

2873 ADRIAN STREET
SAN DIEGO CA 92110-5724

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2873 ADRIAN ST.

Suite, Apt. #, etc.

City & State

SAN DIEGO CA.

Zip

92110

Country

USA.

4. FEI Number

65-0938792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

LOUIS M. ROCKMAN

Street Address (P.O. Box Number is Not Acceptable)

8500 SW 92 ST. #106

City

MIAMI

FL

Zip Code

33156

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

3-20-2000

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME ROUSE, MARK P
STREET ADDRESS 2873 ADRIAN STREET
CITY-ST-ZIP SAN DIEGO CA 92110

TITLE MGR ☐ Delete
NAME ROUSE, SCOTT S
STREET ADDRESS 2873 ADRIAN STREET
CITY-ST-ZIP SAN DIEGO CA 92110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME ROUSE, LYNDIA M
STREET ADDRESS 2873 ADRIAN STREET
CITY-ST-ZIP SAN DIEGO, CA 92110

TITLE ☐ Change ☐ Addition
NAME 800003198268-1
STREET ADDRESS -04/06/00--01060--002
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *Mark P Rouse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/8/00

Date

619)226-2162

Daytime Phone #

CR2E083 (9/99)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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