

2001 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

2. Principal Place of Business
8120 SW 99 AVE
Suite, Apt. #, etc.

3. Mailing Address
2873 ADRIAN ST
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
SAN DIEGO, CA

4. FEI Number 65-0938792

Applied For
Not Applicable

Zip
33173

Country
USA

Zip
92110

Country
USA

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

6. Name and Address of Current Registered Agent

ROCKMAN, LOUIS M
8500 SW 92 ST
#106
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS / MEMBERS

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

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

TITLE MGR
NAME ROUSE, LYNDIA M ☐ Delete
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

10. ADDITIONS / CHANGES

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

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 01/10/01 (419) 226-2162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED
01 JAN 16 AM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)