

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004903

1. Entity Name
3090 W. SUNRISE BOULEVARD LLC

Principal Place of Business

1700 N. DIXIE HIGHWAY, SUITE 101
BOCA RATON FL 33432

Mailing Address

1700 N. DIXIE HIGHWAY, SUITE 101
BOCA RATON FL 33432-1807

2. Principal Place of Business

1700 N. DIXIE HIGHWAY
SUITE 125

3. Mailing Address

1700 N. DIXIE HIGHWAY
SUITE 125

City & State

BOCA RATON FL

City & State

BOCA RATON, FL

Zip

33432

Country

U.S.A.

Zip

33432

Country

U.S.A.

4. FEI Number

65-0939009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SALMONSON, CHRIS R
1700 N. DIXIE HIGHWAY, SUITE 101
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name CHRIS R. SALMONSON

Street Address (P.O. Box Number is Not Acceptable)
1700 N. DIXIE HIGHWAY

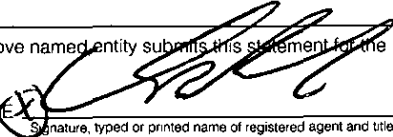
SUITE 125

City BOCA RATON

FL

Zip Code 33432

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  CHRIS R. SALMONSON

(NOTE: Registered Agent signature required when reinstating)

DATE 4/28/00

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM TRIAD ASSETS LLC
STREET ADDRESS 1700 N. DIXIE HIGHWAY, SUITE 125
CITY-ST-ZIP BOCA RATON FL 33432 ☐ Delete

TITLE NAME MGRM KUNZIG HOLDINGS, LLC
STREET ADDRESS 5580 N.E. 33RD AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CHRIS R. SALMONSON 4/28/00 561-391-2309

CR2E083 (9/99)