

2001 UNIFORM BUSINESS REPORT (UBR)

0032428 SP

DOCUMENT # L99000005180

1. Entity Name
DRIFTWOOD PARTNERS, L.L.C.

Principal Place of Business
**5540 NORTH OCEAN DRIVE, UNITE 12A
SINGER ISLAND FL 33404**

Mailing Address
**5540 NORTH OCEAN DRIVE, UNITE 12A
SINGER ISLAND FL 33404**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

FILED
01 MAY 14 PM 1:53
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0941721** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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)

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

DATE **300004418559-4**
-06/14/01--01002--013
*******50.00 *****50.00**

| 9. MANAGING MEMBERS/MEMBERS | | | 10. ADDITIONS/CHANGES | | |
|--|---|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM O'LEARY, BARRY J 5540 NORTH OCEAN DRIVE, UNITE 12A SINGER ISLAND FL 33404 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 REQUIRED **APR 27/01** **561 840 1203**

DATE _____ DAYTIME PHONE # _____

CR2E083 (11/00)