

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

0034167

DOCUMENT # L99000005485

1. Entity Name

OPERATING RIGHT UP MY ALLEY, L.C.

02-26-2002 90086 043 ****50.00

Principal Place of Business

14450 SMITH SUNDY RD
 DELRAY BEACH FL 33446

Mailing Address

14450 SMITH SUNDY RD
 DELRAY BEACH FL 33446

8 2 8 0 0 0

2. Principal Place of Business

5801 N. Congress Avenue

Suite, Apt. #, etc.

3. Mailing Address

5801 N. Congress Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number

65-0945454

Applied For

Not Applicable

Zip

33487

Country

Palm Beach

Zip

33487

Country

Palm Beach

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S
500 EAST BROWARD BLVD
STE 1950
FORT LAUDERDALE FL 33394

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** Delete
 NAME **WOLF, STEVEN**
 STREET ADDRESS **14450 SMITH SUNDY RD**
 CITY-ST-ZIP **DELRAY BEACH FL 33446**

10. ADDITIONS/CHANGES

TITLE Change Addition
 NAME
 STREET ADDRESS *5801 N. Congress Avenue*
 CITY-ST-ZIP *Boca Raton, FL 33487*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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: [Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/12/02 *(561) 498-5600*
 Date Daytime Phone #

CR2E083 (9/01)