CR2E083 (9/99)

2000	UNIFORM	I BUSINESS	REPORT	(UBR
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DOCU	MENT# L99 (0000	05516							
1. Entity Nar GANLER	ENTERPRISES, L.L.C.						FILE	= D		
Principal Place of Business Mai		ling Address			00 APR 12	AM 9: 50				
		33 NORTH SPRINGS WAY FAL SPRINGS FL 33076-2404			SECRETARY TALLAHASSE	OF STATE				
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2. Principal Place of Business 3. Mailing A			failing Address							
					_	DO NOT WOLTE III	, THE CDACE			
Suite, Apt. #, etc.		uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State C		ity & State		4. FEIN	Number - 0949375	Ap	oplied For ot Applicable			
Zip	Country	Z	ip	Cour	itry			\$5.00 Add	ditional	
	6. Name and Address of Cur	rent Registe	ered Agent	<u></u>		7. Nam	e and Address of New Regis			
CADEIELI	, IFECDEY				Name	Name				
GARFIELD, JEFFREY 5233 NORTH SPRINGS WAY					Street Addres	eet Address (P.O. Box Number is Not Acceptable)				
CORAL SPRINGS FL 33076										
	,				City FL Zip Code				e	
3. The above	e named entity submits this stateme	nt for the pu	rpose of changing its	s register	ed office or regis	stered agent,	or both, in the State of Florida	l.		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if a	applicable. (NO	TE: Registere	d Agent signature requ	ired when reinstat	ling)	DATE		
			FILE N	OWIII	FEE IS \$50.0					
	`		Make Check Pa		•					
9	MANAGING ME	MBERS/M	L EMBERS	10.			ADDITIONS/CH	ANGES		
TITLE Name	MGRM GARFIELD, JEFFREY		☐ Deleth	TITE.				☐ Change	Addition	
TREET ADDRESS	5233 NORTH SPRINGS WAY			STR	EET ADDRESS					
:17Y-8T-ZIP	CORAL SPRINGS FL 33076 MGRM				- ST-ZSP			Change	Addition	
TITLE TAME	GARFIELD, BETH		☐ Delete	TITE	E IF				_	
ETREET ADDRESS CJTY-81-ZIP	TREET ADDRESS 5233 NORTH SPRINGS WAY				ET ADDRESS -ST-ZIP		70000321 -04/21 <u>/</u> 00	. 7947- 010120	-8	
TITLE	CONAL OF MINOR 1 E 3007 U		Detete	TITL			******50.7	00 ***********************************		
TAME Street address				NAM STRI	E ET ADORESS					
21TY-87-ZIP				CITY	- 8T- 2IP			<u> </u>		
TITLE TAME			☐ Delete	TITL NAM	Į.			Change	Addition	
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ITREET ADDRESS SITY- 8T- ZIP		•			ET ADDRESS					
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IARE				NAM STO	E ET ADDRESS					
ITREUT ADDRESS SITY- LT-ZIP					- 81- ZSP				_	
indicated	certify that the information supplied d on this report is true and accurate	and that my	signature shall have	the same	e legal effect as .	if made unde	er oath: that I am a managing	ther certify that the in	nformation or of the	
limited lia	ability company or the receiver of the	stee empo	wered to execute this	report as	required by Ch	apter 608, Flo	orida Statutes.	in in its analysis		

MURE REGURED

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: