2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L9900005609

FILED May 15, 2002 8:00 am Secretary of State

1	VENTURE PARTNERS-1999, LLC		05-15-2002 90133 030 ****50.00					
	ace of Business	Mailing Address						
3RD FLOOR	Sunrise BLVD 1 Erdale FL 33304	P.O. BOX 5403 FT LAUDERDALE FL 33:	310 i				-	
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI	4. FEI Number 65-0948764 Applied For			
Zip	Country	Zip	Country	5. Cer	rtificate of Status Desired	\$5.00 A	Not Applicable	
	6. Name and Address of Current Re	gistered Agent	<u> </u>	7. Nar	ne and Address of New Registered	Fee Requi	ired	
BF	C VENTURE PARTNERS-1999, INC.		Name		··	Agent		
179	50 EAST SUNRISE BLVD PRT LAUDERDALE FL 33304		Street A		Number is Not Acceptable)		·	
	- 17021 27122 7 2 00007		-					
8 The above	O comed online a business		City		FI	Zip Co	de	
SIGNATURE	e named entity submits this statement for th	e pulpose of changing it	s registered office (†*- !	or registered agent,	or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent and t	tte if applicable. (NO	TE: Registered Agent signs	iture required when reinsta	ting) DATE			
		Make Check Pa	OW!!! FEE IS syable to Depar se By May 1, 200	tment of State				
9. TITLE	MANAGING MEMBERS/		10.		ADDITIONS/CHANGES			
NAME STREET ADDRESS CITY-ST-ZIP	BFC VENTURE PARNTERS-1999, IN 1750 EAST SUNRISE BLVD FORT LAUDERDALE FL 33304	☐ Delete IC.	NAME STREET ADDRESS CITY-ST-ZIP	MGRM		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
ITLE AME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
TY-ST-ZIP			CITY-ST-ZIP					

11 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 AND TYPED OR PRINTENNAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRES

4/23/2002