

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005747**

1. Entity Name
E. AND L. PROPERTY MANAGEMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 26 AM 11:02

Principal Place of Business 1590 N.W. 10TH AVENUE #402 GLADES MEDICAL PLAZA BOCA RATON FL 33486	Mailing Address 1590 N.W. 10TH AVENUE #402 GLADES MEDICAL PLAZA BOCA RATON FL 33486-1339
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2. Principal Place of Business 6800 N.W. 70TH Place	3. Mailing Address 6800 N.W. 70TH Place
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City & State Parkland FL	City & State Parkland FL	4. FEI Number 65-094-9545	Applied For Not Applicable
Zip 33067	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SKOPP, DAVID M
2353 N.E. 26TH STREET
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6800 N.W. 70TH PLACE
City
Parkland FL Zip Code
33067

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 David M. Skopp 9/18/00
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

9. MANAGING MEMBERS/MEMBERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SKOPP, DAVID M 2353 N.E. 26TH STREET LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003408581-0 -09/28/00--01098--004 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David M. Skopp 9/18/00 954 796-7477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CRZE083 (9/99)