2000 UNIFORM BUSINESS REPORT (UBR)

L99000005792 DOCUMENT # 1. Entity Name 00 MAY -1 AM 8: 54 SEAWAY DECO PLAZA, L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 5237 N.W. 33RD AVENUE 5237 N.W. 33RD AVENUE FORT LAUDERDALE FL 33309-6302 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 45-0952238 Not Applicable \$5.00 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name MORGAN, WALTER L Street Address (P.O. Box Number is Not Acceptable) 315 N.E. THIRD AVENUE, SUITE 200 FORT LAUDERDALE FL 33301 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ----FILE NOW!!! FEE IS \$50.00 ---Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. Addition **MGRM** TITLE TITLE LOEWENTHAL, RONALD MAME NAME 5237 N.W. 33RD AVENUE RIREFT ADDRESS STREET ADDRESS CITY- ST- 7IP FORT LAUDERDALE FL 33309 CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS *****50.00 *****50.00 CITY- ST- ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-81-71P ☐ Change Addition ☐ Deleta TITLE TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY- #T-ZIP CITY- ST- 71P Addition ☐ Change TITLE ☐ Deleto TITLE NAME NAME STREET ADDRESS 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 eath; 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

CITY-ST-ZIP

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

APPROVEU