

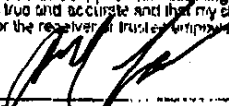
JUL-21-03 MON 12:30 PM

FAX NO.

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90065 012 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000005792			
1. Entity Name SEAWAY DECO PLAZA, L.C.			
Principal Place of Business 5237 N.W. 33RD AVENUE FORT LAUDERDALE, FL 33309		Mailing Address 5237 N.W. 33RD AVENUE FORT LAUDERDALE, FL 33309	
2. Principal Place of Duration 5203		3. Mailing Address	
Sole, Apt. #, etc.		Sole, Apt. #, etc.	
City & State PORT LAUDERDALE FL		City & State	
Zip 33309		Country	
4. FEI Number 65-0952238		Application For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent MORGAN, WALTER L 315 N.E. THIRD AVENUE, SUITE 200 FORT LAUDERDALE, FL 33301		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent and date)			
9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOEWENTHAL, RONALD N.W. 33RD AVENUE FORT LAUDERDALE, FL 33309	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5203	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 included 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 60A, Florida Statutes.			
SIGNATURE: 		7/20/03 (964) 485-5448	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

PPH 1142

7/20/03 \$50.00