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.

90146416

Principal Place of Business
5237 N.W. 33RD AVENUE
FORT LAUDERDALE, FL 33309

Mailing Address
5237 N.W. 33RD AVENUE
FORT LAUDERDALE, FL 33309

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5203	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE FL	City & State
Zip: 33309 Country: BROWARD	Zip / Country

4. FEI Number: 65-0952238 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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 ______

Make Checks Payable To Florida Secretary of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	LOEWENTHAL, RONALD	
STREET ADDRESS	[redacted] N.W. 33RD AVENUE (5203)	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E033 (10/02)

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: [signature] 7/20/03 (954) 485-5448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

PP# 1142
7/20/03 $50.00