

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90026 031 ****50.00

DOCUMENT # L99000006194



1. Entity Name
DENHOLTZ REALTY CO., LLC

Principal Place of Business
**337 EAST INDIANTOWN ROAD
STE 8
JUPITER FL 33477**

Mailing Address
**337 EAST INDIANTOWN ROAD
STE 8
JUPITER FL 33477**

2. Principal Place of Business
580 Village Boulevard

3. Mailing Address
580 Village Boulevard

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip Country
33409 Palm Beach

Zip Country
33409 Palm Beach

4. FEI Number **65-0954306**

Applied 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

**DENHOLTZ, JACK W
337 EAST INDIANTOWN ROAD
STE 8
JUPITER FL 33477**

7. Name and Address of New Registered Agent

Name
Denholtz, Jack W
Street Address (P.O. Box Number is Not Acceptable)
**580 Village Boulevard
Suite 300**
City **West Palm Beach** FL Zip Code **33409**

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 *Jack W Denholtz*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *2/11/03*

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** Delete
NAME **DENHOLTZ, JACK W**
STREET ADDRESS **337 EAST INDIANTOWN ROAD, STE 8**
CITY-ST-ZIP **JUPITER FL**

10. ADDITIONS/CHANGES

TITLE Change Addition
NAME
STREET ADDRESS **580 Village Boulevard, Suite 300**
CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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 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: *Jack W Denholtz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/11/03
Date

Daytime Phone #

CR2E083 (10/02)