2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L99000006559

1. Entity Name

ACCOUNT MANAGEMENT, LLC

Principal Place of Business	Mailing Address
824 U.S. HIGHWAY ONE. SUITE 310 NORTH PALM BEACH FL 33408	824 U.S. HIGHWAY ONE. SUITE 310 NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip	Country	Zip	Country	4. FEI Number 65-0956952	Applied For
					Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAYNOLDI, PAOLA **824 U.S. HIGHWAY ONE, SUITE 310** **NORTH PALM BEACH FL 33408**	Name *ADRIANA OLIVEIRA* Street Address (P.O. Box Number is Not Acceptable) *824 U.S. HWY ONE, STE 200* City *N PALM BEACH* **FL** Zip Code *33408*

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 _*Oliveira*_   DATE *4-19-01*

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE **MGR** NAME **MAYNOLDI, PAOLA** STREET ADDRESS **824 U.S. HIGHWAY ONE, SUITE 310** CITY-ST-ZIP **NORTH PALM BEACH FL 33408**	☒ Delete	TITLE *MGR* NAME *OLIVEIRA, ADRIANA* STREET ADDRESS *824 U.S. HWY ONE, STE 200* CITY-ST-ZIP *N. PALM BEACH, FL 33408*	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 6000041€3666---T -05/08/01--01139--019 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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: _*Oliveira* MGR ADRIANA OLIVEIRA_   *4-19-01*

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

CR2E083 (11/00)