2000 UNIFORM BUSINESS REPORT (UBR)

| | | | | 1 | | | | |
|---|--|----------------------------------|---|-----------------------------|---------------------------------------|---|--|-----------------------------|
| DOCUMENT # L9900006760 1. Entity Name | | | | | | SECRETARY OF STA DIVISION OF CORPORA | TE | |
| TOBIAS AGGRESSIVE GROWTH FUND LLC | | | | | | DIVISION OF CORPORA | i ioe | |
| Principal Place of Business Mailing Address | | | | | - | 00 JUL 31 PM 1 | 23 | \mathcal{V} |
| 313 1/2 WORTH AVE SUITE 83 313 1/2 WORTH AVE SUITE B3 PALM BEACH FL 33480 PALM BEACH FL 33480 | | | | | | | | |
| | | | | | |) (186) (18) (19) (19) (19) (18) (1 9) (18) (18) (18) (18) (18) (18) (18) (18) (18) (18) (18) (18) (18) (18) (18) | 1 11 58 1101 1 000 1 11 1 | |
| 2. Principal F | 3. Mailing Address | ing Address | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | |
| City & Stat | te | City & State | City & State | | | lumber 6 09 - 46 | | oplied For of Applicable |
| Zip | Country | Zip | Cour | ntry | 5. Certif | icate of Status Desired | \$5.00 Add Fee Require | |
| | 6. Name and Address of Current | Nome | 7. Name and Address of New Registered Agent | | | | | |
| ALTMAN, ROBERT Street A | | | | | - (D.O. D) | | ···· | |
| 313 1/2 WORTH AVE., SUITE B3 | | | | | s (P.O. Box N | umber is Not Acceptable) | , <u>.</u> | |
| PALM BEACH FL 33480 | | | | <u>.</u> | · · · · · · · · · · · · · · · · · · · | | T | |
| | | | | 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. | | | | | | | | |
| SIGNATURE | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State | | | | | | | | |
| | AAAAA OHO MENGE | | | · | 7 | ADDITIONO (OLIAN | ICEO | |
| 9. | MANAGING MEMBE | Delete | 10. | E T | | ADDITIONS/CHAP | Change | ☐ Addition |
| NAME | ALTMAN, ROBERT | | NAM | | | | | : |
| STREET ADDRESS CITY-ST-ZIP | 313½ WORTH AVE SUITE PALM BEACH, FL 3348 | B-3 | | EFT ADDRESS -ST-ZIP | | | | |
| TITLE | MGMR | ☐ Delete | TITL | ŀ | | | Change | Addition |
| NAME STREET ADDRESS | WEITZ, ETHAN | 3 A | NAM STRE | ET ADDRESS | ÷. • | .6000033 | | |
| CITY-ST-ZIP | 313 WORTH AVE SUITE PALM BEACH, FL 3348 | | CITY | -ST-ZIP | | ******50 | 001098- .00 **** | *50:00 |
| TITLE NAME | | ☐ Delete | TITL NAM | I | • | • | Change | Addition |
| STREET ADDRESS | | | STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | | ☐ Defete | TITU | -ST-ZIP | | | Change | ☐ Addition |
| NAME | • | 2 50,00 | NAM | E | | | الم | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS -ST-ZIP | | | | |
| TITLE | | ☐ Delete | TIEL | | | | Change | ☐ Addition |
| NAME Street Address | _ | | NAM STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | ····· | | | |
| TITLE NAME | , | ☐ Delete | YITLI NAM | į. | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | , | | - 1 | ET ADDRESS | | | | |
| CITY-ST-ZIP | certify that the information supplied with | this filing does not qualify for | or the exe | -ST-ZIP mption stated in | Section 119.0 | 7(3)(i), Florida Statutes. I furthe | er certify that the in | nformation |
| 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 PROUBLED 7/12/00 | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daylime Phone # | | | | | | | | |