## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000007282

Entity Name: ROJOG, L.L.C.

FILED Jul 08, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1601 FORUM PLACE 500 S. AUSTRALIAN AVE.

STE 603 SUITE 710

WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

Current Mailing Address: New Mailing Address:

1601 FORUM PLACE 500 S. AUSTRALIAN AVE.

STE 603 SUITE 710

WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

FEI Number: 59-2813055 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOOSE, WILLIAM R ESQ.

515 NORTH FLAGLER DRIVE, #1900

KAHLERT, HERBERT F
500 S. AUSTRALIAN AVE.

WEST PALM BEACH, FL 33401 US SUITE 710

WEST PALM BEACH, FL 33401 US

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: HERBERT F. KAHLERT 07/08/2003

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: LEVY, ROBERT A

Address: 1951 N.W. 19TH STREET, #A103

City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete Name: GELLER, DIDI

Address: 1951 N.W. 19TH STREET, #A103

City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete Name: GELLER, HARVEY

Address: 1951 N.W. 19TH STREET, #A103 City-St-Zip: BOCA RATON, FL 33431

Title: MGRM (X) Delete

Name: JOHNS, JAMES R

Address: 1951 N.W. 19TH STREET, #A103 City-St-Zip: BOCA RATON, FL 33431 Title: MGRM (X) Change ( ) Addition

Name: KAHLERT, HERBERT F

**ADDITIONS/CHANGES:** 

Address: 500 S. AUSTRALIAN AVE., SUITE 710 City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM (X) Change ( ) Addition

Name: KAHLERT, KARL A

Address: 500 S . AUSTRALIAN AVE., SUITE 710 City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM (X) Change ( ) Addition

Name: FOWLKES, CLINT J

Address: 500 S. AUSTRALIAN AVE., SUITE 710 City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HERBERT F KAHLERT MGRM 07/08/2003