2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007464

1. Entity Name

THE LAUDERDALE GROUP, LC

Principal Place of Business	Mailing Address
2400 DEL LAGO DRIVE FT LAUDERDALE FL 33316	2400 DEL LAGO DRIVE FT LAUDERDALE FL 33316-2302

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4.** FEI Number 65-0965659 — Applied For / Not Applicable
Zip / Country	Zip / Country	**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**
FRIEDMAN, PAT 2400 DEL LAGO DRIVE FT LAUDERDALE FL 33316	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.

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

9. MANAGING MEMBERS/MEMBERS		**10.** ADDITIONS/CHANGES	
TITLE MANAGING MEMBER **NAME** PAT FRIEDMAN **STREET ADDRESS** 2400 DEL LAGO DR **CITY-ST-ZIP** FT. LAUDERDALE, FL 33316	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	*mf 2/23/00*	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	1000031448411--5 --02/25/00--01102--005 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete		☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete		☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete		☐ 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: _Patricia J Friedman_   2-9-2000   (954) 527-0006

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