01/09/01 TUE 11:18 FAX 561 272 6831 WEINER & ARONSON 002

APPROVED AND FILED

REINSTATEMENT

01 JAN 10 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008107

1. Entity Name

1000 NORTH DIXIE HIGHWAY, L.L.C.

Principal Place of Business	Mailing Address
5000 Blue Lake Drive, Suite 150 Boca Raton, FL 33431	

REINSTATEMENT 2000-2001

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 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Mitchell B. Kirschner
5000 Blue Lake Drive, Suite 150
Boca Raton, FL 33431

7. Name and Address of New Registered Agent

Name: Ned L. Siegel
Street Address (P.O. Box Number is Not Acceptable): 5000 Blue Lake Drive, Suite 150
City: Boca Raton, FL Zip Code: 33431

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] 1/9/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member, Pres ☐ Delete Ned L. Siegel 5000 Blue Lake Dr. Suite 150 Boca Raton, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300003856393--5 -03/16/01--01091--006 ****205.00 ****205.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ☐ Delete Sidney M. Moskin 354 Esplanade, Suite 54 Boca Raton, FL 33432	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/99)

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] 1/9/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
NED L. SIEGEL