2000	ONIFORM BUS	INESS NEFT		(OBN)	_				•
DOCUMENT # L9900008560 1. Entity Namie						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
EAST BOCA PROPERTIES, L.C.						DIVISION OF CORPORATIONS			
		Mailing Address			00	JUL 1.0 AM 9: 25			
Principal Place			1.	,					
	2900 NORTHEAST 6TH DRIVE BOCA RATON FL 33431 2900 NORTHEAST 6TH DRIVE BOCA RATON FL 33431					Ung.			
						1 13811311 DIG 16113 ACTUU 68111 AANTA 68111 A		a a nna aa na 1 a a	
	lace of Business	14	0	1			J B iikii Ob iii (Do i		
2900 NE 672 Drive 2900 NE 0 Suite, Apt. #, etc. Suite, Apt. #, etc.				Price	-	DO NOT WRITE IN THI	DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number Applied For				
BOCA	RATIN	•			4, / []		I No	ot Applicable	-
33431	PACH BEACH			itry LM PSEACH	5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		Name	7. Nam	e and Address of New Registere	J Agent		-
OSHEROV	Street Address (P.O. Box Number is Not Acceptable)								
7900 GLA	Street Address (F.O. Box Nulliber is Not Acceptable)					-			
BOCA RATON FL 33434				Cit.			S Zin Cod		-
	· · · · · · · · · · · · · · · · · · ·			City		F	Zip Cod		4
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or registe	red agent,	or both, in the State of Florida.			
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signature require	d when reinstati	ng) DATE	*		
22 × 1,770;	FEE IS \$50.00		700003327	'U57'-	3	1			
		Make Check Pa			of State	07/18/00 *****50.00			
9.	MANAGING MEMBE	RS/MANAGERS	10.	^		ADDITIONS/CHANGI		11.1.1.1	1
Since Color		2 Delete	TITL	PRE	SIDEN	TE CEU MORM	☐ Change	Addition	2E083 (5/00)
NAME STREET ADDRESS		and the same of th		ET ADDRESS 2.5	os Mã	6th Drive	•		083
CITY-ST-ZIP TITLE	DIR Ton	Delete	CITY			TON , Fla 33451 A TREASURER MG		Addition	- ~
NAME	Rome To The State of the State		NAM	E Ru	H >	OFINE DE LA PINE	C Change	je j Addition	Ĭ
STREET ADDRESS CITY-ST-ZIP	2.7.50	22 / Y		ET ADDRESS 29	OU M	othnson E 6th Orive TON, Fla 3343	5/		
TITLE -		Delete	~_ TITL	:		· 1	Change	Addition	_
NAME STREET ADDRESS			NAM STRE	E Et address					ĺ
CITY-ST-ZIP				-ST-ZIP				ETT Addition	
TITLE NAME		☐ Defete	NAM			•	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	•			ET ADDRESS -ST-ZIP					
TITLE	· ·	Delete	TITL			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition	
NAME Street address	£3		NAM STRE	E Et adoress		1			
CITY-ST-ZIP			CITY	-ST-ZIP		·	····		
TITLE NAME		. Defete	TITLE NAM				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP					
11. I hereby co	ertify that the information supplied with	this filing does not qualify for	the exe	mption stated in S	ection 119.0	07(3)(i), Florida Statutes. I further c	ertify that the in	nformation	
indicated of	on this report is true and accurate and i oility company or the receiver or trustee	hat my signature shall have t	he same	e legal effect as if r	made under	oath: that I am a managing mem	oer or manage	r of the	
010111	SIGNAT	A FIDEOUS	A		7/	1. 100			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Date Disputing Phone #									