

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008905

1. Entity Name
SLF DEVELOPMENT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -3 AM 11:03

Principal Place of Business **Mailing Address**

2. Principal Place of Business 3400 GATEWAY DRIVE Suite, Apt. #, etc. SUITE 100 City & State POMPANO BEACH FL		3. Mailing Address 3400 GATEWAY DRIVE Suite, Apt. #, etc. SUITE 100 City & State POMPANO BEACH FL	
Zip 33069-4850	Country USA	Zip 33069-4850	Country USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

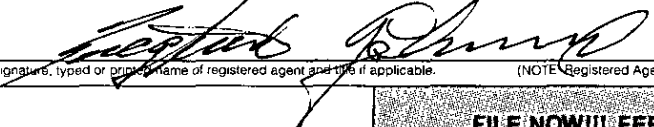
4. FEI Number 65-0421229 **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

--- Name ---
SIEGRIED GOHREND
Street Address (P.O. Box Number is Not Acceptable)
4950 N W 7 STREET
City COCONUT CREEK FL Zip Code 33063

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  **03/01/00**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) **DATE**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State **3/16/00**


9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER SIEGRIED GOHREND 4950 N W 7 STREET COCONUT CREEK FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER TRAUTE GOHREND 4950 N W 7 ST., COCONUT CREEK FL 33063	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER HARALD GOHREND 1231 S E 9 AVE., POMPANO BEACH FL 33060	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER SUSAN JOYALLE MARBLING STRASSE 3b, 83088 KIEFERSFELDEN GERMANY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300002178799--? -03/22/00--01047--020 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **AS MANAGER** **03/01/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER **Date** 954-979-1775

CR2E083 (11/99)