2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008953

FILED
00 MAR 24 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name
ELLIN, LLC

Principal Place of Business / Mailing Address

2. Principal Place of Business	3. Mailing Address
5 NW 39th Street	c/o Zucker & Shernikoff
Suite, Apt. #, etc.: Suite 3	Suite, Apt. #, etc.: 1700 Broadway
City & State: Miami, FL	City & State: New York, NY
Zip: 33127 Country: U.S.	Zip: 10019 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0989088 ☐ Applied For ☐ Not Applicable

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
Name: Stuart M. Gottlieb
Street Address (P.O. Box Number is Not Acceptable): 222 Lakeview Avenue
Suite 260
City: West Palm Beach FL Zip Code: 33401

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] 3/17/00
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 ☒ Delete	TITLE	Managing Member ☐ Change ☒ Addition
NAME	Sara Ellin Elia	NAME	Ellin S.P.C., Inc.
STREET ADDRESS	5 NW 39th Street, Suite 3	STREET ADDRESS	5 NW 39th Street, Suite 3
CITY-ST-ZIP	Miami, FL 33127	CITY-ST-ZIP	Miami, FL 33127
TITLE	☐ Delete	TITLE	Member ☐ Change ☒ Addition
NAME		NAME	Sara Ellin Elia
STREET ADDRESS		STREET ADDRESS	5 NW 39th Street, Suite 3
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33127
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	800003196048--9
CITY-ST-ZIP		CITY-ST-ZIP	-04/05/00--01004--017
			*****50.00 *****50.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: ELLIN S.P.C., INC.
By: [signature] 3/13/00 305/573-6955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #
Milton S. Shapiro, Secretary