

2000 UNIFORM BUSINESS REPORT (UBR)

L99000009041

DOCUMENT #

1. Entity Name

RO-DALE INVESTMENTS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 15 PM 1:31

Principal Place of Business

Mailing Address

2. Principal Place of Business

5201 VILLAGE BLVD

3. Mailing Address

5201 VILLAGE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

West PALM BEACH, FL

City & State

West PALM Bch, FL

4. FEI Number

65-0968947

Applied For

Not Applicable

Zip

33407

Country

Palm Bch

Zip

33407

Country

PALM BEACH

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

ROBERT NEEDLE
5201 VILLAGE BLVD
West PALM BEACH, FL 33407

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]

3/13/00

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: MEMBER Delete
NAME: DALE J. SCHACHT
STREET ADDRESS: 9294 HEATHRIDGE DR
CITY-ST-ZIP: West PALM Bch, FL 33411

TITLE: Change Addition
NAME: *[Signature]*
STREET ADDRESS:
CITY-ST-ZIP: 3/12/00

TITLE: MEMBER Delete
NAME: ROBERT NEEDLE
STREET ADDRESS: 5201 VILLAGE BLVD
CITY-ST-ZIP: West PALM BEACH, FL 33407

TITLE: Change Addition
NAME: 0000003183590
STREET ADDRESS: -03/24/00--0115--007
CITY-ST-ZIP: *****50.00 *****50.00

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Change Addition
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CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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] Member

3/13/00

561-687-1901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)