

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009137 AF

DOCUMENT # L99000009228

1. Entity Name
DPZ COMMUNITIES, L.L.C.

01 MAY -3 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1023 S.W. 25TH AVENUE
MIAMI FL 33135

Mailing Address
1023 S.W. 25TH AVENUE
MIAMI FL 33135



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
65-0989218

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHANNON, RICHARD H
1023 SW 25TH AVENUE
MIAMI FL 33135

Name
SHANNON, R. MATTHEW

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 *R. Matthew Shannon*
Signature, typed or printed name of registered agent and title if applicable.

R. MATTHEW SHANNON
(NOTE: Registered Agent signature required when reinstating)

5-1-01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004323899-8
-05/25/01--01076--020
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHANNON, R. MATTHEW
1023 S.W. 25TH AVENUE
MIAMI FL 33135 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DUANY, ANDRES M
1023 SW 25TH AVENUE
MIAMI FL 33135 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PLATER-ZYBERK, ELIZABETH
1023 SW 25TH AVENUE
MIAMI FL 33135 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Delete

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☐ Change ☐ 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: *R. Matthew Shannon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-1-01
Date

305-644-1023
Daytime Phone #

CR2E083 (11/00)