

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 APR 27 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M00000001805

1. Entity Name  
DX PROPERTY, LLC

Principal Place of Business  
100 CENTURY BLVD  
WEST PALM BEACH FL 33417

Mailing Address  
100 CENTURY BLVD  
WEST PALM BEACH FL 33417

2. Principal Place of Business

3. Mailing Address

580 W. Germantown Rd

Suite, Apt. #, etc.

Suite 200

City & State

Plymouth Meeting, Pa

Zip

19402

Country

Country

4. FEI Number  
x 23-3056031

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALPERIN, ELEANOR B  
1400 CENTREPARK BLVD., STE 1000  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

8. The above named entity hereby certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ANN J. WILLIAMS

Signature, typed or printed name of registered agent and not applicable

Assistant Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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

9. MANAGING MEMBERS/MEMBERS

TITLE Louis P. Meshon  
NAME 100 Century Boulevard  
STREET ADDRESS West Palm Beach, FL 33417  
CITY-ST-ZIP

☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

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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: *Louis P. Meshon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4-25-01

Daytime Phone #

610 825-7100

CR2E083 (11/00)