

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001813

1. Entity Name
RICHARD B. HERMAN, L.L.C.

FILED
 01 JUL 20 AM 8:47
 01 JUL 20 AM 8:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**9176 LONG LAKE PALM DR.
BOCA RATON FL 33496** **9176 LONG LAKE PALM DR.
BOCA RATON FL 33496**

2. Principal Place of Business 3109 Grand Avenue, Ste 308		3. Mailing Address 3109 Grand Avenue	
Suite, Apt. #, etc. Suite 308		Suite, Apt. #, etc. Suite 308	
City & State MIAMI, Florida		City & State MIAMI, FL	
Zip 33133	Country U.S.A	Zip 33133	Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number **11-3526616** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HERMAN, RICHARD B
3109 GRAND AVENUE, STE 308
MIAMI FL 33133**

7. Name and Address of New Registered Agent

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 *Richard B. Herman* **RICHARD B. HERMAN** 7/18/01
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
Due By September 26, 2001

100004509771--3
-07/31/01--01065--006
*******55.00 *****55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGER	RICHARD B. HERMAN	3109 Grand Avenue, suite 308	MIAMI, Florida 33133	<input type="checkbox"/>
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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *Richard B. Herman* **RICHARD B. HERMAN** 7/18/01 305-588-2886
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)