

2001 UNIFORM BUSINESS REPORT (UBR)

0014903 AF

DOCUMENT # M00000002159

1. Entity Name
SINGER-ENCORE LLC

FILED

01 FEB 21 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

700 BANYAN TRAIL, SUITE 200
BOCA RATON FL 33431

Mailing Address

700 BANYAN TRAIL, SUITE 200
BOCA RATON FL 33431

2. Principal Place of Business

1818 S. Australian Ave.

3. Mailing Address

1818 S. Australian Ave.

Suite, Apt. #, etc.

Suite 450

Suite, Apt. #, etc.

Suite 450

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-1048842

APPLIED FOR

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33409

Country

USA

Zip

33409

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Sole member
STREET ADDRESS		STREET ADDRESS	Encore Financial Services Group Inc.
CITY-ST-ZIP		CITY-ST-ZIP	1818 S. Australian Ave., Suite 450 West Palm Beach, FL 33409
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	200003768972--4
STREET ADDRESS		STREET ADDRESS	-02/26/01--01161--018
CITY-ST-ZIP		CITY-ST-ZIP	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: DATE: 2/13/01 DAYTIME PHONE #: 212-981-1483

CR2E083 (11/00)