

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90341 007 ****50.00

DOCUMENT # M01000001867

1. Entity Name
SPNMM, LLC



Principal Place of Business Mailing Address
%URDANG & ASSOC REAL ESTATE ADVISORS
630 W. GERMANTOWN PIKE. STE. 321
PLYMOUTH MEETING PA 19462

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 **23-3091305** Applied For
Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **UNDANG, SCOTT**
STREET ADDRESS **630 W GERMANTOWN PIKE SUITE 321**
CITY-ST-ZIP **PLYMOUTH MEETING PA 19462**

TITLE ☒ Change ☐ Addition
NAME **urdang, scott**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **FERST, RICHARD**
STREET ADDRESS **630 W GERMANTOWN PIKE SUITE 321**
CITY-ST-ZIP **PLYMOUTH MEETING PA 19462**

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

TITLE **MGR** ☐ Delete
NAME **SANFILIPPO, VINCENT-**
STREET ADDRESS **630 W GERMANTOWN PIKE SUITE 321**
CITY-ST-ZIP **PLYMOUTH MEETING PA 19462**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

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

1/17/03
Date

610-818-4666
Daytime Phone #

CR2E083 (10/02)