

2001 UNIFORM BUSINESS REPORT (UBR)

0016553 AF

DOCUMENT # M95000000294

1. Entity Name
PAPA SOUTH, L.L.C.

FILED

01 FEB 21 PM 1:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
PO BOX 6379
LAKE WORTH FL 33466

Mailing Address
PO BOX 6379
LAKE WORTH FL 33466

2. Principal Place of Business
6685 Forest Hill Blvd

3. Mailing Address
6685 Forest Hill Blvd

Suite, Apt. #, etc.
Suite 204

Suite, Apt. #, etc.
Suite 204

City & State
West Palm Beach, FL

City & State
West Palm beach, FL

4. FEI Number 59-3333510

Applied For
Not Applicable

Zip 33413 Country Palm Beach

Zip 33413 Country Palm Beach

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

TITLE NAME MGR
STREET ADDRESS L.H.F., L.C.
CITY-ST-ZIP 6685 FOREST HILL BLVD, #204
WEST PALM BEACH FL 33413

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
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: *Ron Wahl*

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

Ron Wahl

2/12/01

561-357-7882

Date

Daytime Phone #

CR2E083 (11/00)