

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M98000001273**

1. Entity Name

SAVANNAH COURT OF ST. CLOUD, LLC

Principal Place of Business

**1301 N. CONGRESS AVE., STE. 130
BOYNTON BEACH FL 33426**

Mailing Address

**1301 N. CONGRESS AVE., STE. 130
BOYNTON BEACH FL 33426**

2. Principal Place of Business

2401 KISSIMMEE PARK RD.

3. Mailing Address

Suite/Apt. #, etc.

Suite/Apt. #, etc.

City & State

ST CLOUD, FL

City & State

Zip

34769

Country

USA

Zip

Country

4. FEI Number

65-0851992

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WALDORF, PAMELA J ESQ.
WINTHROP, STIMSON, PUTNUM & ROBERTS
125 WORTH AVE., SUITE 310
PALM BEACH FL 33480**

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

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	ATLANTIC CAPITAL GROUP % CHUAN S. WANG			
	1301 N. CONGRESS AVE., STE. 130			
	BOYNTON BEACH FL 33426			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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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"/> Change	<input type="checkbox"/> Addition

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"/> Change	<input type="checkbox"/> Addition

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"/> Change	<input type="checkbox"/> Addition

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
UBR RUBIN
Managing agent

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

4/17/02
Date**561-735-0075**
Daytime Phone #**FILED**
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90058 021 ****50.00

B0102902

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)