

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90062 011 ****50.00

DOCUMENT # M98000001298

1. Entity Name

B & L ASSOCIATES, L.L.C. OF DELAWARE



Principal Place of Business

**150 EAST PALMETTO PARK ROAD, 4TH FLOOR
BOCA RATON FL 33432**

Mailing Address

**150 EAST PALMETTO PARK ROAD, 4TH FLOOR
BOCA RATON FL 33432**

20020190

2. Principal Place of Business

200 Congress Park Drive

3. Mailing Address

200 Congress Park Drive

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33445

Country

USA

Zip

33445

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0752437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

AUERBACHER, STEVEN M ESQ.

150 EAST PALMETTO PARK ROAD, SUITE 410

BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

200 Congress Park Drive, Suite 104

City

Delray Beach

FL

Zip Code

33445

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
MANDOR, ROBERT** ☐ Delete
**150 EAST PALMETTO PARK ROAD, 4TH FLOOR
BOCA RATON FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
**200 Congress Park Drive, Suite 103
Delray Beach, FL 33445**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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
Robert P Mandor

1/22/03 (561)394-9260

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

Date

Daytime Phone #

CR2E083 (10/02)