2001 UNIFORM BUSINESS REPORT (UBR)

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DÓCUMENT # M9900000878 1. Entity Name						cos	24	FI	LE					
CD 36, LLC						CP 3 01 MAY 11 AM 9: 30								
								SECRETIA		_	•			
							TÀ	SECRETAR LLAHASS	YOF	STA	TE			
Principal Place of Business Mailing Address							•••	CCMINGS	CE;	LOR	IDA			
1350 EAST NEWPORT CENTER DRIVE. SUITE 206 P.O. BOX 4219									1					
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-421					·									
2. Principal Pl														
**************************************	accool Business	3. Mailing Address	Maling Address						-					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			٠		DO NOT WR	ITE IN	THIS SE	PACE			
City & State	9	City & State	City & State			4. FEI N	umber	52-219088	34		\longrightarrow	Applied F		
Zip	Country	7in	Zip Country						1			Not Applic	cable	
داب	Country	ا جنه	ÇQUI	u y		5. Certif	icate of	Status Desired	>	₹ }	ee Requ	dditional ired		
	6. Name and Address of Current	Registered Agent		7. Name and Address of						New Registered Agent				
				Name					- !					
KAY, JAMES R ESQ					Street Address (P.O. Box Number is Not Acceptable									
	N SENTERFITT & EIDSON, P.A.								+					
777 SOU														
WEST PA	LM BEACH FL 33401			City					-	FL	Zip C	ode		
9 The shows		- 4h					- l 4l- 3	a the Ctete of F	ا دروس	• •-	<u> </u>			
o. The above	named entity submits this statement for	i the purpose of changing its	registeri	an onice of	register	eu agent, t	ו וויסט ונ	iii (rie State of F	iorida.					
SIGNATURE .						1								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent						when reinstatir	ng)			DATE				
FILE NOW					\$50.00									
		<u>.</u>	Make Check Payable to Department			State			i					
9.	MANAGING MEMBE	ERS/MEMBERS	MBERS 10.			ADDITIONS/								
TITLE	MGR	Delete	TITLE		MGR			ı		Chang	e □ Ad	Idition		
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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 path; that I am a managing member or manager of the													ion	
indicated liab	on this report is true and accurate and pility company or the receiver or trustee	mai my signature shall have t empowered to execute this r	rie same report as	e required b	ct as it m by Chapt	ade under er 608, Flo	oatn; th rida Stat	iat i am a mana tutes.	iging n	nember	or mana	ger of the		

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

4125-01

954-458-45K