2000 UNIFORM BUSINESS REPORT (URR)

| DOCUMENT # M9900001490 1. Entity Name 142, LLC | | | | | | | FILED 00 JAN 18 PH 4: 21 | | | | |
|--|-------------------------------------|--|--|---|----------------------|----------------------------------|---|---------------|---|------------|--|
| Principal Place of Business 116 GULFSTREAM ROAD PALM BEACH FL 33480-4708 | | | Mailing Address 116 GULFSTREAM ROAD PALM BEACH FL 33480-4708 | | | | SECRETARY OF STATE TALLAHASSEE. FLORIDA | | | | |
| 2. Principal P | Place of Busine | ess | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & Stat | te | | City & State | | | 4. FEIN | lumber 61-1351973 | | ├ | oplied For | |
| Zip | Country | | Zip Cou | | try | 5. Certificate of Status Desired | | 12 3 | \$5.00 Additional Fee Required | | |
| | 6. Name | and Address of Current | Registered Agent | | Nama | 7. Name | and Address of New R | egistered A | gent | | |
| | OBERT K FSTREAM RO ACH FL 334 | | i L | 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 | registere | ed office or reg | sistered agent, o | or both, in the State of Flo | rida. | | | |
| SIGNATURE . | | | | | | | | | | | |
| | Signature, typed o | r printed name of registered agent a | | OW!!! F | EE IS \$50. | | 19) | DATE | | | |
| 9. | | MANAGING MEMBE | ERS/MEMBERS | 10. | | | ADDITIONS/ | CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ſ | DBERT K STREAM ROAD CH FL 33480-4708 | ☐ Delete | | 4 | | 100003: -01/27/ | 1124 /0001 | □ Change 131 ~ 0220 | 5 014 | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | □ Deleto | | ì | | ***** | 5.00 | Change | <u> </u> | |
| TITLE MAME #TREET ADDRESS GITY-#T-ZIP | | · · · · · · · · · · · · · · · · · · · | Outeta | name Stree | 1 | وجهز ي | . ^ | | Change | - 🗆 | |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP | * ; v | | ☐ Delete | | | | | ļ | Change | | |
| TITLET NAME STREET ADDRESS CITY- ST- ZIP | | | Oelete | | ı | | \ | | Change | C | |
| TITLE MAME STREET ADDRESS / CITY-ST-ZIP | one if the share the | information and the desired | Delete | TITLE MAME STREE GITY- | T ADDRESS \$1-ZIP | in Continue 140 O | VI(OV) Florida Como | | Change | | |

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