

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001585

1. Entity Name  
ALL THREE II, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:10

Principal Place of Business  
141 NORTHWEST 20TH STREET, SUITE G-122  
BOCA RATON FL 33431

Mailing Address  
141 NORTHWEST 20TH STREET, SUITE G-122  
BOCA RATON FL 33431-7947



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number 65-0953388 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name DAVID MARCOLIS  
Street Address (P.O. Box Number is Not Acceptable) 141 - N.W. 20th Street -  
SUITE G-122  
City BOCA RATON FL Zip Code 33431

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME ALL THREE, LTD.  
STREET ADDRESS 141 NORTHWEST 20TH STREET, SUITE G-122  
CITY-ST-ZIP BOCA RATON FL 33431

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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

1-28-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #