

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 17 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000002069

1. Entity Name

LUDWIG HOLDING COMPANY, LLC

Principal Place of Business

Mailing Address

Ludwig Holding Company, L.L.C. 1560 LeJeune Rd.
Coral Gables FL, 33134

2. Principal Place of Business

3. Mailing Address

1560 LeJeune Rd.

MGR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Coral Gables

Coral Gables FL, 33

4. FEI Number

65-0940651

Applied For

Not Applicable

Zip

Country

Zip

Country

33134 FL

33134 FL

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Robert Ludwig

Name

Robert Ludwig MGR

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

1560 LeJeune Road

Coral Gables

City

FL

Zip Code

33134

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)

06.16.00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

500003335325-6

-07/25/00--01061--021

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Robert Ludwig MGR ☐ Delete
STREET ADDRESS 1560 LeJeune Road
CITY-ST-ZIP Coral Gables, FL 33134

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

6/30/00

Date

(305) 448-5055

Daytime Phone #

C:R2E083 (11/99)