

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90030 007 ****50.00

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DOCUMENT # L00000000720

1. Entity Name

PICERNE ROSALIND VILLAS, LLC



Principal Place of Business
**247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3675620**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSTOLO, W. TERRY ESQ.
301 E. PINE ST., STE. 1400
ORLANDO FL 32801**

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 registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PICERNE, ROBERT M	
STREET ADDRESS	247 NORTH WESTMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	URITESCU, RAYMOND M	
STREET ADDRESS	75 LAMBERT LIND HWY.	
CITY-ST-ZIP	WARWICK RI 02886	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	PICERNE, JOHN G	
STREET ADDRESS	75 LAMBERT LIND HWY.	
CITY-ST-ZIP	WARWICK RI 02886	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	PICERNE, DAVID R	
STREET ADDRESS	1420 E. MISSOURI AVE., SUITE 100	
CITY-ST-ZIP	PHOENIX AZ 85014	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	PICERNE, JEANNE M	
STREET ADDRESS	1420 E. MISSOURI AVE., SUITE 100	
CITY-ST-ZIP	PHOENIX AZ 85014	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	PICERNE INVESTMENT CORPORATION	
STREET ADDRESS	75 LAMBERT LIND HWY.	
CITY-ST-ZIP	WARWICK RI 02886	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Rosalind Villas* **CONTROLLER** 2-24-03 4077720200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)