

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90265 048 *****50.00

DOCUMENT # L00000004085

1. Entity Name

354 SOUTH BEACH ROAD, L.L.C.



Principal Place of Business

**C/O GORDON O. DANSER
5 INDEPENDENCE WAY
PRINCETON NJ 08540**

Mailing Address

**C/O GORDON O. DANSER
5 INDEPENDENCE WAY
PRINCETON NJ 08540**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-3739365**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES L	
STREET ADDRESS	P.O. BOX 86	
CITY-ST-ZIP	OLDWICK NJ 08858	
TITLE	M	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES L	
STREET ADDRESS	P.O. BOX 86	
CITY-ST-ZIP	OLDWICK NJ 08858	
TITLE	M	<input type="checkbox"/> Delete
NAME	JOHNSON, GRETCHEN W	
STREET ADDRESS	P.O. BOX 86	
CITY-ST-ZIP	OLDWICK NJ 08858	
TITLE	M	<input type="checkbox"/> Delete
NAME	SCHLESSINGER, KAREN	
STREET ADDRESS	P.O. BOX 86	
CITY-ST-ZIP	OLDWICK NJ 08858	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/03

609-987-0300

CR2E083 (10/02)