CR2E083 (10/02)

2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0000007203

Country

324 ROYAL PALM WAY, SUITE 231

1. Entity Name

Zip

HAISFIELD FAMILY INVESTMENTS, LLC	ITS, LLC	imen	INVEST	amily	.D F.	IELD	aisf	H
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Country

Name

City

FILE NOW!!! FEE IS \$50.00

(NOTE: Registered Agent signature required when reinstating)

Principal Place of Business

324 ROYAL PALM WAY, SUITE 231 PALM BEACH FL 33480

--HAISFIELD, MARC

the obligations of registered agent.

PALM BEACH FL 33480

Mailing Address

PO BOX 2771

Zip

PALM BEACH FL 33480

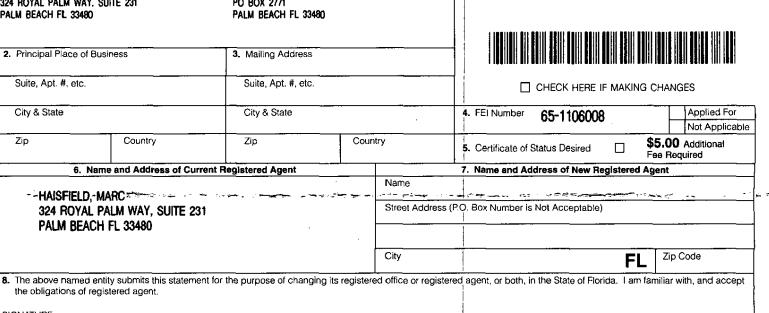
THEM DENOTITE SOLIO	THE DEFICIT PERSON		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

FILED Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90015 037 ****50.00



	,	Make Check Payable Due I	to Florida De By May 1, 200			garage of the	
9.	' MANAGING MEMBERS/MANAGERS		10.	1.	ADDITIONS/CHAN	IGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAISFIELD, MARC 324 ROYAL PALM WAY, SUITE 231 PALM BEACH FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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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 of the limited liability