

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90090 002 \*\*\*\*50.00

0056583

**DOCUMENT # L00000010400**



1. Entity Name  
**MARTINCAVAGE & HILEMAN, LLC**

Principal Place of Business      Mailing Address  
**1200 SOUTH FEDERAL HIGHWAY, SUITE 1-201**      **1200 SOUTH FEDERAL HIGHWAY, SUITE 1-201**  
**BOYNTON BEACH FL 33435**      **BOYNTON BEACH FL 33435**

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      **65-1039369**      Applied For  
Not Applicable

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

**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 \_\_\_\_\_ (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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARTINCAVAGE, ALLEN W</b> <b>1200 SOUTH FEDERAL HIGHWAY, SUITE 1-201</b> <b>BOYNTON BEACH FL 33435</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HILEMAN, L. DIANA</b> <b>1200 SOUTH FEDERAL HIGHWAY, SUITE 1-201</b> <b>BOYNTON BEACH FL 33435</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Signature Required* **Signature:** *Lillie Diana Hileman* **Date:** *1/8/03* **Daytime Phone #:** *736-2988*

CR2E083 (10/02)