

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

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

06-12-2003 90001 003 \*\*\*\*50.00

0025247

**DOCUMENT # L01000008341**

1. Entity Name

7390 LLC



Principal Place of Business

C/O GENE H. TONN  
7500 N.W. 5TH ST., STE. 103  
PLANTATION FL 33317

Mailing Address

C/O GENE H. TONN  
7500 N.W. 5TH ST., STE. 103  
PLANTATION FL 33317

10107900



2. Principal Place of Business

7201 NW 9TH ST

Suite, Apt. #, etc.

3. Mailing Address

7201 NW 9TH ST

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-1114960

Applied For

Not Applicable

Zip

33317

Country

Zip

33317

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUDOLF & HOFMAN, P.A.  
615 N.E. 3RD AVE.  
FT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

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

TITLE: MGR  Delete  
NAME: TOMM, GENE  
STREET ADDRESS: 7201 NW 9TH ST  
CITY-ST-ZIP: PLANTATION FL 33317

10. ADDITIONS/CHANGES

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

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  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 REQUIRED**

Gene H. Tonn 6/7/03 828-456-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

