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

## DOCUMENT # L01000010387

1. Entity Name

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## **FILED** Mar 26, 2003 8:00 am Secretary of State

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| e of Busines     | s  | Mailing Address   | Mailing Address 701 U.S. HIGHWAY ONE SUITE 402 NORTH PALM BEACH FL 33408 3. Mailing Address  |  |   |  |   |   |   |  |
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| #, etc.          |  | Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |  |   | ☐ CHECK HERE IF MAKING CHANGES   |   |   |   |  |
| City & State     |  |   | City & State   |  |   | per 65-1133221   |   |   | pplied For ot Applicable  |  |
|                  | Country  | Zip   | Coun   | try  | 5. Certificate  | e of Status Desired  |   | 5.00 Ad   | ditional  |  |
| 6. Name          | and Address of Curren  | t Registered Agent  |  |  | 7. Name and   | d Address of New Reg   | gistered Ag   | ent   |   |  |
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| RTH PALM         | BEACH FL 33408   |   |  |  |   |  |   |   |   |  |
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|                  |  | or the purpose of changin   | g its registere  | ed office or   | registered agent, or bo   | oth, in the State of Florid  | da. I am fan  | niliar with,  | and accept  |  |
| Signature, typed | or printed name of registered agen   | and title if applicable.  | (NOTE: Registere   | d Agent signatu  | re required when reinstating)   |  | DATE  |   |   |  |
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|                  | #, etc.  #, etc.  # of Name  TH, LAWRE U.S. HIGH RTH PALM  named entitions of regist  Signature, typed  MGR SMITH, L 1061 MO RIVIERA  MGR SMITH, J 1061 MO | Country  6. Name and Address of Curren  TH, LAWRENCE W U.S. HIGHWAY ONE SUITE 402  RTH PALM BEACH FL 33408  named entity submits this statement fi ions of registered agent.  Signature, typed or printed name of registered agen  MANAGING MEMB  MGR  SMITH, LAWRENCE W 1061 MORSE BLVD.  RIVIERA BEACH FL 33404 | WAY ONE SUITE 402 BEACH FL 33408  Place of Business  #, etc.  Country  Zip  6. Name and Address of Current Registered Agent  TH, LAWRENCE W U.S. HIGHWAY ONE SUITE 402 RTH PALM BEACH FL 33408  named entity submits this statement for the purpose of changinions of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  FILE  Make Check Pa  MANAGING MEMBERS/MANAGERS  MGR  SMITH, LAWRENCE W 1061 MORSE BLVD. RIVIERA BEACH FL 33404  GR  Delete  Delete  Delete | WAY ONE SUITE 402 BEACH FL 33408  TOI U.S. HIGHWAY ONE SUITE 402 Place of Business  #, etc.  Country  Zip  Country  Zip  Country  TH, LAWRENCE W  U.S. HIGHWAY ONE SUITE 402 RTH PALM BEACH FL 33408  TH PALM BEACH FL 33408  TH PALM BEACH FL 33408  TH PALM BEACH FL 33408  MANAGING MEMBERS MANAGERS  MANAGING MEMBERS MANAGERS  MANAGING MEMBERS MANAGERS  MARE SMITH, LAWRENCE W  1061 MORSE BLVD. RIVIERA BEACH FL 33404  MGR  SMITH, JOAN M  1061 MORSE BLVD. RIVIERA BEACH FL 33404  Delete  TITLE  MAME STREE CITY- CITY  Delete  TITLE  NAME STREE CITY  THE C | WAY ONE SUITE 402 BEACH FL 33408  701 U.S. HIGHWAY ONE SUITE 402 NORTH PALM BEACH FL 33408  Place of Business  3. Mailing Address #, etc.  Country  Zip  Country  E. Name and Address of Current Registered Agent  TH, LAWRENCE W U.S. HIGHWAY ONE SUITE 402 RTH PALM BEACH FL 33408  City  The Palm Beach FL 33408  City  The North Registered Agent signature, hyped or printed name of registered agent and title if applicable.  North Registered Agent signature, hyped or printed name of registered agent and title if applicable.  WANTE Registered Agent signature, hyped or printed name of registered agent and title if applicable.  RILE NOW!!! FEE IS \$!  Make Check Payable to Florida Dep Due By May 1, 2003  MANAGING MEMBERS / MANAGERS  MANAGERS 10.  MGR SMITH, LAWRENCE W 1061 MORSE BLVD. RIVIERA BEACH FL 33404  MGR SMITH, JOAN M 1061 MORSE BLVD. RIVIERA BEACH FL 33404  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP | The control of the purpose of changing its registered office or registered agent, or bottons of registered agent and title if applicable.  Spenture, typed or printed name of registered agent and title if applicable.  MANAGING MEMBERS / MANAGERS  MORR  SITERT ADDRESS  CITY ST-ZIP  Delete  MIE  MANE  STREET ADDRESS  CITY ST-ZIP  Delete  TITLE  MANE  STREET ADDRESS  CITY ST-ZIP  Delete  STREET ADDRESS  CITY ST-ZIP  STREET ADDRESS  CITY ST-ZIP  Delete  STREET ADDRESS  CITY ST-ZIP  Delete  STREET ADDRESS  CITY ST-ZIP  STREET ADDRESS  CITY ST-ZIP  Delete  STREET ADDRESS  CITY ST-ZIP  STREET ADDRESS  CITY ST-ZIP  Delete  STREET ADDRESS  CITY ST-ZIP  STREET ADDRESS  CITY ST-ZIP  Delete  STREET ADDRESS  CITY ST-ZIP  STREET ADDRESS  CITY ST- | NAY ONE SUITE 402 RECH PL 30408  70 IU.S. HIGHWAY ONE SUITE 402 Rech P. etc.  City & State  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  6. Name and Address of Current Registered Agent TH, LAWRENCE W U.S. HIGHWAY ONE SUITE 402 THAILM BEACH FL 33408  TFLE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003  MANAGING MEMBERS/MANAGERS  MANAGING MEMBERS/MANAGERS  MANAGING MEMBERS/MANAGERS  MORE SMITH, LAWRENCE W 1061 MORSE BLVD. RIMERA BEACH FL 33404  MCR SMITH, JOAN M 1061 MORSE BLVD. RIMERA BEACH FL 33404  Detele  TITLE NAME SMET ADMRSS CITY-51-2IP  Detele TITLE NAME SMET ADMRSS CITY-51-2IP  Detele TITLE NAME SMET ADMRSS CITY-51-2IP  Detele TITLE NAME SMET ADMRSS CITY-51-2IP  Detele TITLE NAME SMET ADMRSS CITY-51-2IP TITLE NAME SMET ADMRSS CITY-51- | WAY ONE SUITE 402  RORTH PALM BEACH FL 33408  13. Mailing Address  14. FEI Number 65-1133221  Country  Country | WAY ORE SUITE 402 RORTH PAUL BEACH FL 33408    Face of Business |  |

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:** 

IG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE