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

## DOCUMENT # L01000014860

1. Entity Name

### PERTH LANE PROPERTIES LLC



# **FILED** Mar 11, 2003 8:00 am Secretary of State 03-11-2003 90021 031 \*\*\*\*50.00

2. Principal Placo of Business   3. Mailing Address   Suite, Apt. #, etc.   Check Here if Making Changes   Applied For Not Applied Suite, Apt. #, etc.   Check Here if Making Changes   Applied For Not Applied Suite, Apt. #, etc.   Check Here if Making Changes   Applied For Not Applied Suite, Apt. #, etc.   Check Here if Making Changes   Applied For Not Applied Suite, Apt. #, etc.   Check Here if Making Changes   Applied For Not Applied Suite, Apt. #, etc.   Check Here if Making Changes   Applied For Not Applied Suite, Apt. #, etc.   Check Here if Making Changes   Applied For Not Applied Suite, Apt. #, etc.   A. FEI Number   So-2157560   Applied For Not Applied Suite, Applie	renin ex	NE PHOPENILO, LLO			7				
Sulfe, Apt. #, etc.   Guy & State   City & State   Country   Registered Agent   Registere	100 PERTH LANE		100 PERTH LANE						
Sulfe, Apt. #, etc.   Guy & State   City & State   Country   Registered Agent   Registere	2. Principal Place of Business		3. Mailing Address		_				
City & State			-		_				
Not Appricate   Status Desired   Stouth   Stou	Suite, Apt. #, etc.								
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Special registered agent antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Special registered agent antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent and the fire applicable.  PILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due by May 1, 2003  9. MANAAGING MEMBERS /MANAGERS  101.  MARCH JAPAN AGENS  101.  MARCH JAPAN AGENS	City & State		City & State	City & State		1ber 59-2157560			
Name	Zip	Country	Zip	Country	5. Certifica	te of Status Desired			
BRETT, BRUCE H (100 PERTIH LANE WINTER PARK FL 32792		6. Name and Address of Curren	t Registered Agent	-	7. Name a	nd Address of New Regist	tered Agent	<del></del>	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	BREIT. BRUCE H								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature   True   Signature   True   Signature   Sign	100	PERTH LANE		Street Address		(P.O. Box Number is Not Acceptable)			
S. The above named entity submits this statement for the purpose of changing its registered algorit, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature holds or private prame of registered agent and title 4 applicable.   (NOTE Registered Agent argument recruined when remotaling)   DATE	MINA	IER PARK FL 32/92							
SIGNATURE   Signature   True   Delete   True				City			FL Zip Code	e	
Signature. Hyped or printed name of registered agent and belt applicable. (NOTE Registered Apent signature notined when remotaling)   PATE			for the purpose of changing its re	egistered office or regist	ered agent, or t	ooth, in the State of Florida.	I am familiar with,	and accept	
9. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES  10. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES  11. MGRM	SIGNATURE .	Signature, typed or printed name of registered ager	Registered Agent signature requir	red when reinstating)		DATE			
MANAGING MÉMBERS / MANAGERS  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STR			to Florida Departm						
MGRM		MANAGING MEMP				ADDITIONS/CHA	NGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	MGRM Jay, Plotkin N 100 Perth Lane		TITLE NAME STREET ADDRESS		ADDITIONS/CTIA		Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	WHATELET SELECT	☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS			☐ Change	Addition	

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.

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE