

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000004880

FILED  
Mar 27, 2003  
Secretary of State

Entity Name: ARG DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

309 HARBOR DR.  
BELLEAIR BEACH, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

309 HARBOR DR.  
BELLEAIR BEACH, FL 33785

**New Mailing Address:**

FEI Number: 73-1631690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOX, GREGORY A ESQ.  
28050 U.S. 19 NORTH, STE. 100  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: SZASZ, STEVE  
Address: 701 ST. PETERSBURG DR  
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM ( ) Change (X) Addition  
Name: SZASZ, ROBERT  
Address: 701 ST PETERSBURG DR  
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM ( ) Change (X) Addition  
Name: ADLER, LASZLO  
Address: 701 ST PETERSBURG DR  
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEVE SZASZ

MGRM

03/27/2003

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date