

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

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90042 039 ****55.00

DOCUMENT # L02000006371

1. Entity Name

DEVLOPERS CONSULTANT SERVICE II, L.L.C.



Principal Place of Business

Mailing Address

**8969 CHARLESTON PARK
ORLANDO FL 32819**

**8969 CHARLESTON PARK
ORLANDO FL 32819**

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

54-2089967

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAHAM, JESSE E. JR.
GRAHAM, BUILDER, JONES, PRATT & MARKS, LLP
369 N. NEW YORK AVE., 3RD FL
WINTER PARK FL 32789**

Name

PHILIP L. BATURA

Street Address (P.O. Box Number is Not Acceptable)

8969 CHARLESTON PK

City

ORLANDO

FL

Zip Code

32819

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 **PHILIP L. BATURA MANAGER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-30-03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BATURA, PHILIP L
5460 HOFFNER AVE. STE. 408
ORLANDO FL 32812** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BATURA, PHILIP L
8969 CHARLESTON PK
ORLANDO, FL 32819** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BATURA, FRANKIE D
5460 HOFFNER AVE., STE. 408
ORLANDO FL 32812** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FRANKIE D BATURA
8969 CHARLESTON PK
ORLANDO, FL 32819** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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.

SIGNATURE: **PHILIP L. BATURA MANAGER**

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

1-30-03 407-876-2062

Date

Daytime Phone #

CR2E083 (10/02)