

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 17, 2003 8:00 am  
Secretary of State

02-17-2003 90005 007 \*\*\*\*50.00

DOCUMENT # L02000012387



1. Entity Name  
MCDONALD JUVENILE FURNITURE, LLC

Principal Place of Business  
C/O TIERRA VERDE RESORT  
200 MADONNA  
TIERRA VERDE FL 33715

Mailing Address  
C/O TIERRA VERDE RESORT  
200 MADONNA  
TIERRA VERDE FL 33715

2. Principal Place of Business

3. Mailing Address

4545 W. Kennedy Blvd

4545 W. Kennedy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa, FL

City & State  
Tampa, FL

Zip Country  
33609

Zip Country  
33609

4. FEI Number  
02-0619477

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUNSON, JOHN MORGAN ESQ  
1474 JORDAN HILLS COURT  
CLEARWATER FL 33756

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 *Johnnie McDonald*

2/11/03

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	Johnnie McDonald	904 So. West Shore Blvd.	Tampa, FL 33609	<input type="checkbox"/>
MGR	William A. McDonald	904 So. West Shore Blvd.	Tampa, FL 33609	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Johnnie McDonald*

2/11/03 813.287.9211

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

Date

Daytime Phone #

CR2E083 (10/02)