

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000014606

FILED  
May 07, 2003  
Secretary of State

Entity Name: CABAN CONCEPTS, LLC

**Current Principal Place of Business:**

130 WINDWARD WAY  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

130 WINDWARD WAY  
INDIAN HARBOUR BEACH, FL 32937

**New Mailing Address:**

FEI Number: 04-3691356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CABAN, KARLA J  
130 WINDWARD WAY  
INDIAN HARBOUR BEACH, FL 32937

**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: MGRM ( ) Delete  
Name: CABAN, JOHN J  
Address: 130 WINDWARD WAY  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGRM ( ) Delete  
Name: CABAN, KARLA J  
Address: 130 WINDWARD WAY  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGRM ( ) Delete  
Name: CABAN, JOHN B  
Address: 3820 STREAM DR.  
City-St-Zip: MELBOURNE, FL 32940

Title: MGRM ( ) Delete  
Name: CABAN, SASCHA C  
Address: 130 WINDWARD WAY  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGRM ( ) Delete  
Name: CABAN, BRETT B  
Address: 130 WINDWARD WAY  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGRM ( ) Delete  
Name: CABAN, HEATHER S  
Address: 3802 STREAM DR.  
City-St-Zip: MELBOURNE, FL 32940

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: CABAN, JOHN B  
Address: 3802 STREAM DR.  
City-St-Zip: MELBOURNE, FL 32940

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KARLA J CABAN

MGRM

05/07/2003

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