

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90212 005 ****55.00

DOCUMENT # L02000027403

1. Entity Name

~~AZALEA TRAILER COURT, LLC~~

AZALEA TRAILER COURT, L. L. C.



Principal Place of Business

601 SW 27TH AVENUE
FT. LAUDERDALE FL 33312

Mailing Address

~~601 SW 27TH AVENUE
FT. LAUDERDALE FL 33312~~

00011000

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Mailing Address

123 North Congress Avenue

Suite Number 304

Boynton Beach, FL 33426

City & State

Country

USA



CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3723040

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of C

~~HALLIDAY, ROBERT~~

~~3019 HARBOR DRIVE, APT. 18~~

~~FT. LAUDERDALE FL 33318~~

**JUDY GAYNES
ACCOUNTING SERVICES, INC.
123 North Congress Avenue
Suite Number 304
Boynton Beach, Florida 33426**

7. Name and Address of New Registered Agent

Name

DAVID M. GAYNES, ESQUIRE

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

2736 Misty Oak Circle

Royal Palm Beach, Florida 33411

City

FL 33411

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

David M. Gaynes

DAVID M. GAYNES, ESQUIRE

(954) 801-2712

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Managing Member	ROBERT HALLIDAY III	10731 Hawks Vista Plantation, Florida	333424	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

CR2E083 (10/02)

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:

Robert Halliday III

SIGNATURE REQUIRED: ROBERT HALLIDAY, III

1-11-2002

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

Date

Daytime Phone #