

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90300 012 \*\*\*\*50.00

DOCUMENT # L02000030586



1. Entity Name  
**HOFFMAN & KING, P.L.**

Principal Place of Business  
**7013 REMINGTON COURT  
UNIVERSITY PARK FL 34201-2127**

Mailing Address  
**7013 REMINGTON COURT  
UNIVERSITY PARK FL 34201-2127**

2. Principal Place of Business  
**1718 Main Street**

3. Mailing Address  
**1718 Main Street**

Suite, Apt. #, etc.  
**Suite 202**

Suite, Apt. #, etc.  
**Suite 202**

City & State

City & State

**Sarasota, Florida**

**Sarasota, Florida**

Zip

Country

**34236**

**Sarasota**

Zip

Country

**34236**

**Sarasota**



CHECK HERE IF MAKING CHANGES

4. FEI Number

**82-0572396**

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

**HOFFMAN, DANIEL A ESQ  
7013 REMINGTON COURT  
UNIVERSITY PARK FL 34201-2127**

Name

**Daniel A. Hoffman, Esq.**

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

**1718 Main Street**

**Suite 202**

City

**Sarasota**

**FL**

Zip Code

**34236**

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 *Daniel A. Hoffman*  
Signature, typed or printed name of registered agent and title if applicable.

*Daniel A. Hoffman*

(NOTE: Registered Agent signature required when reinstating)

**2/27/03**

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	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>Managing Member Mary E. King 1718 Main Street, Suite 202 Sarasota, FL 34236</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Managing Member Daniel A. Hoffman 1718 Main Street, Suite 202 Sarasota, FL 34236</b>	<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: *Mary E. King*

**SIGNATURE REQUIRED**

**2/27/03**

**941/330-2400**

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

Date

Daytime Phone #