

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90062 009 \*\*\*\*50.00

DOCUMENT # **L98000001754**

1. Entity Name  
**H & J TEQUESTA ASSOCIATES, L.L.C.**



Principal Place of Business  
**150 EAST PALMETTO PARK ROAD, SUITE 400  
BOCA RATON FL 33432**

Mailing Address  
**150 EAST PALMETTO PARK ROAD, SUITE 400  
BOCA RATON FL 33432**

**20020192**



2. Principal Place of Business  
**200 Congress Park Drive**

3. Mailing Address  
**200 Congress Park Drive**

Suite, Apt. #, etc.  
**Suite 103**

Suite, Apt. #, etc.  
**Suite 103**

City & State  
**Delray Beach, FL**

City & State  
**Delray Beach, FL**

Zip Country  
**33445 USA**

Zip Country  
**33445 USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0860524** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**AUERBACHER, STEVEN M ESQ  
150 EAST PALMETTO PARK ROAD, SUITE 410  
BOCA RATON FL 33432**

**7. Name and Address of New Registered Agent**

Name  
**200 Congress Park Drive**

Street Address (P.O. Box Number is Not Acceptable)  
**Suite 104**

City **Delray Beach** FL Zip Code **33445**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>MGR JACOBSON, HARVEY 4001 N. OCEAN BLVD., APT 701-B BOCA RATON FL 33431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED** *Harvey Jacobsen* **1/21/03** **(561)394-9260**  
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)