## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # M9700000760

1. Entity Name



05-02-2003 90076 039 \*\*\*\*50.00

ASBURY (	DEVELOPMENT AND MANAGE	MENT, LLC		)			
Principal Plac	ce of Business	Mailing Address					
4250 LAKESIDE DR., SUITE 214		4250 LAKESIDE DR., SUITE 214 JACKSONVILLE FL 32210		4 10010011 (10 1011) (0011 0011) 00	ını <b>28</b> kk <b>28</b> kk <b>28</b> k	ı <b>88</b> 111 ( <b>8816 6</b> )	Ni 88N (115)
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HER	E IF MAKING	CHANGES	
City & State		City & State		4. FEI Number 52-20553	03	<b>⊢</b> —	pplied For at Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired		\$5.00 Add	ditional
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New	Registered A	gent	
FOROE FINANCIAL CORO			Name				
FORCE FINANCIAL CORP. 4250 LAKESIDE DR., SUITE 212 JACKSONVILLE FL 32210			Street Address	(P.O. Box Number is Not Acceptab	ole)	. <u>-</u> , .	
1			City		FL	Zip Cod	e
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent an		Registered Agent signature require		DATE		
		FILE NO	W!!! FEE IS \$50.00				
		Make Check Payable					1
			By May 1, 2003				Ì
9. MANAGING MEMBER		/MANAGERS 10.		ADDITIONS/CHANGES			
TITLE	MGR	☐ Delete	TITLE	<del></del>		☐ Change	☐ Addition
NAME	CATER, JAMES W JR.		NAME				[:
STREET ADDRESS	4250 LAKESIDE DR., SUITE 212		STREET ADDRESS				}:
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP				
TITLE	MGR	Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	THOMAS, EDWIN C III 201 RUSSELL AVENUE		NAME STREET ADDRESS				ĺ
City-St-Zip	GAITHERSBURG MD 20877		CITY-ST-ZIP				}
TITLE=	MGR	□ Delete	TITLE			☐ Change	Addition
NAME	BRADSHAW, LAWRENCE R	Dilicit,	NAME		_		
STREET ADDRESS	201 RUSSELL AVENUE		STREET ADDRESS				}
CITY-ST-ZIP	GAITHERSBURG MD 20877		CITY-ST-ZIP	<del>.</del>			
TITLE	MGR	☐ Delete	TITLE			Change	☐ Addition
NAME	WEAVER, MATTHEW W		NAME				
STREET ADDRESS CITY-ST-ZIP	4250 LAKESIDE DR., SUITE 212		STREET ADDRESS CITY-ST-ZIP				
	JACKSONVILLE FL 32210		<del></del>	n 600 - 40			
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				Í
CITY-ST-ZIP			CITY-ST-ZIP				ľ
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				,
CITY-ST-ZIP			CITY-ST-ZIP				1

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.

Games N. Cater Jr. 4-30-03