

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

03-05-2003 90298 046 ****55.00

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

DOCUMENT # L00000010786

1. Entity Name
AMBLESIDE, L.L.C.



Principal Place of Business
P.O. BOX 999
2 POND'S EDGE DR.
CHADDS FORD, PA 19317

Mailing Address
P.O. BOX 999
2 POND'S EDGE DR.
CHADDS FORD, PA 19317



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-3054026

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

**BRANDYWINE FINANCIAL SERVICES CORPORATION
2631 MCCORMICK DR.
CLEARWATER, FL 33769**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$60.00
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-STATE-ZIP
**MGRM
MOORE, BRUCE E
PO BOX 999
CHADDS FORD, PA 19317**

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Managing Member

FEB 20 2003

(612) 388-9600

DATE

Daytime Phone #

CR2E063 (10/02)