

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90064 039 \*\*\*\*50.00

**DOCUMENT # L02000012923**

1. Entity Name

**520 ASSOCIATES, LLC**



Principal Place of Business

Mailing Address

**828 NE 17TH WAY STE. 3  
FT LAUDERDALE FL 33304**

**828 NE 17TH WAY STE. 3  
FT LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Unit 3**

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

**Ft. Lauderdale, FL**

**33338**

**Broward**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**82-6097375**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PANTORI, MICHAEL M JR  
646 JUNE BERRY COURT  
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **Peter J. Addison**

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

**820 N.E. 17th Way**

City **Ft. Lauderdale**

FL

Zip Code

**33304**

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]*

**Peter J. Addison**

**04/29/03**

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

*[Signature]* **Peter J. Addison** **04/29/03** **954-525-1237**

Date

Daytime Phone #

CR2E083 (10/02)