

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0030118

DOCUMENT # L02000015716

1. Entity Name  
**ESTANCIA PALM SPRINGS, LLC**



**FILED**

03 MAY -1 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**21301 POWERLINE ROAD  
SUITE 304  
BOCA RATON FL 33433**

Mailing Address  
**21301 POWERLINE ROAD  
SUITE 304  
BOCA RATON FL 33433**

2. Principal Place of Business  
**701 W Cypress Crk Rd  
3RD FL.**

3. Mailing Address  
**701 W Cypress Crk Rd  
3RD FLOOR**

City & State  
**FT. LAUDERDALE, FL**

City & State  
**FT. LAUDERDALE, FL**

Zip  
**33309**

Country  
**BROWARD**

Zip  
**33309**

Country  
**BROWARD**

4. FEI Number  
**82-0550759**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**KODSI, EISENSTEIN & ASSOCIATES, P.A.  
701 CYPRESS CREEK ROAD  
SUITE 302  
FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent  
Name  
**KODSI LAW FIRM**  
Street Address (P.O. Box Number is Not Acceptable)  
**701 W Cypress Crk Rd 3RD FL**  
City  
**FT. LAUDERDALE** FL Zip Code  
**33309**

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 **ISAAC KODSI** **4/29/03**  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>MAMANN, ALDEN<br/>21301 POWERLINE ROAD SUITE 304<br/>BOCA RATON FL 33433</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                     |

| 10. ADDITIONS/CHANGES                          |                                                                                                                                                                        |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>OLIVER BIBAS<br/>701 W CYPRESS CRK RD 3RD FL<br/>FT. LAUDERDALE, FL 33309</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>ISAAC KODSI<br/>701 W CYPRESS CRK RD 3RD FL<br/>FT. LAUDERDALE, FL 33309</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>800017845218<br/>05/01/03--01084--006 **50.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: **OLIVER BIBAS** **4/28/03** **561.306-4999**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)