

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000345

1. Entity Name

SILVER STONE'S THROW, L.C.

Principal Place of Business

1910 SW 24TH TERRACE
FORT LAUDERDALE FL 33312

Mailing Address

1910 SW 24TH TERRACE
FORT LAUDERDALE FL 33312

2. Principal Place of Business

Town Center at Boca Raton

3. Mailing Address

1910 SW 24TH TERRACE

Suite, Apt. #, etc.

6000 Glades Road

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

FT LAUDERDALE, FL

Zip

33431

Country

Palm Beach

Zip

33312

Country

Broward

6. Name and Address of Current Registered Agent

BATTS, DEBRA K

1910 SW 24TH TERRACE

FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME *owner/manager*
STREET ADDRESS *DEBRA BATTS*
CITY-ST-ZIP *1910 SW 24TH TERRACE*
FT LAUDERDALE, FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *900004420109--4*
CITY-ST-ZIP *-06/14/01--01071--009*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP ******50.00*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

4/16/01

954-587-8644

0012254 AF

CR2E083 (11/00)

FILED
01 MAY 29 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE