

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008103 AF

DOCUMENT # L00000000443

1. Entity Name  
THE PALMIERS, LLC

FILED

01 MAY 16 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2360 NW 34TH ROAD  
COCONUT CREEK FL 33066

Mailing Address  
2360 NW 34TH ROAD  
COCONUT CREEK FL 33066

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5970 NE 18 Ave

3. Mailing Address

5970 NE 18 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

711

711

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33334

Country

BROWARD

Zip

33334

Country

BROWARD

4. FEI Number

65-0990291

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, THOMAS M  
2400 EAST COMMERCIAL BLVD.  
SUITE 820  
FORT LAUDERDALE FL 33308

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARDELEAN, GEORGE 2 CHIPPEWA COURT BURR RIDGE IL 60521	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARDELEAN, LAURA 2 CHIPPEWA COURT BURR RIDGE IL 60521	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBU, STEVEN S 2360 NW 34TH ROAD COCONUT CREEK FL 33066	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBU, FELICIA 2360 NW 34TH ROAD COCONUT CREEK FL 33066	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: STEVEN S. ALBU - president 4-18-01 (954) 772-6653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)