

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90060 020 ****50.00

0031976

DOCUMENT # L00000000714

1. Entity Name

434 CHILEAN OPERATING COMPANY, L.C.



Principal Place of Business

**434 CHILIAN AVE.
MANAGERS OFFICE
PALM BEACH FL 33480**

Mailing Address

**434 CHILIAN AVE.
MANAGERS OFFICE
PALM BEACH FL 33480**

2. Principal Place of Business

434 Chilean Ave
Suite, Apt. #, etc.

MANAGERS OFFICE

City & State
PALM BEACH, FL.

Zip
33480

Country

3. Mailing Address

8 WINDSOR CT.
Suite, Apt. #, etc.

City & State
PALM Bch, FL.

Zip
33480

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0982357**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROBERG, PETER S
223 PERUVIAN AVENUE
PALM BEACH FL 33480**

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. 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 \$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
**MGRM
COOLEY, WILLIAM
233 TRADEWIND DR.
PALM BEACH FL 33480** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OAKLEY, MILLARD
1014 MAIN ST.
LIVINGSTON TN 38570** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COOLEY, WILLIAM
8 WINDSOR CT
PALM BEACH, FL. 33480** ☒ Change ☐ Addition

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

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

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☐ Change ☐ Addition

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☐ 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: **William Cooley MGRM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/21/03 5618440612
Date Daytime Phone #

CR2E083 (10/02)