

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2003 8:00 am**  
**Secretary of State**

03-04-2003 90158 001 \*\*\*\*50.00

**DOCUMENT # L00000000954**

1. Entity Name

**GARAPROPERTIES, LLC**



Principal Place of Business

Mailing Address

~~C/O RONALD WITKOWSKI, ESQ.~~  
~~12730 FOREST HILL BLVD., STE. 202~~  
~~WELLINGTON FL 33414~~

~~C/O RONALD WITKOWSKI, ESQ.~~  
~~12730 FOREST HILL BLVD., STE. 202~~  
~~WELLINGTON FL 33414~~

**30040150**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**625 North Flagler Drive**

Suite, Apt. #, etc.  
**9th Floor**

3. Mailing Address

**625 North Flagler Drive**

Suite, Apt. #, etc.  
**9th Floor**

City & State  
**West Palm Beach, Florida**

City & State  
**West Palm Beach, Florida**

4. FEI Number **65-0987328**

Applied For

Not Applicable

Zip  
**33401**

Country  
**USA**

Zip  
**33401**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MATHISON, STEPHEN S P.A.~~  
~~5006 PGA BOULEVARD~~  
~~SUITE 211, PGA CONCOURSE BUILDING~~  
~~PALM BEACH GARDENS FL 33418~~

Name  
**Francis X. J. Lynch**

Street Address (P.O. Box Number is Not Acceptable)  
**625 North Flagler Drive**

**9th Floor**

City  
**West Palm Beach**

**FL**

Zip Code  
**33401**

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

**FRANCIS X. J. LYNCH**

**02/27/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR**  
**HANSEN, H.C. UGILT**  
**CH-8126**  
**ZUMIKON, SWITZERLAND**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
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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 REQUIRED Hansen, Manager**

**02/27/03**

**(561) 659-7500**

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

Date

Daytime Phone #

CP2E083 (10/02)