

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90004 046 \*\*\*\*50.00

**DOCUMENT # L00000002931**

1. Entity Name

**ITERA ELECTRICAL DEVELOPMENT LLC**



Principal Place of Business

Mailing Address

10151 DEERWOOD PARK BLVD.  
BUILDING 100, SUITE 410  
JACKSONVILLE FL 32256

10151 DEERWOOD PARK BLVD.  
BUILDING 100, SUITE 410  
JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

3. John Kennedy St.  
Suite, Apt. #, etc.  
Stefel Ct. Ste #51

9995 Gate Parkway  
Suite 400  
Suite, Apt. #, etc.

City & State

City & State

LIMASSO

Jacksonville, FL

Zip

Country

Zip

Country

Cyprus

32246

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOEGLER, STEVEN C  
10151 DEERWOOD PARK BLVD.  
BUILDING 100, SUITE 410  
JACKSONVILLE FL 32256

Name  
Koegler, Steven C.  
Street Address (P.O. Box Number is Not Acceptable)  
9995 Gate Parkway  
Suite 400  
City  
Jacksonville FL Zip Code  
32246

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
MGR  
STREET ADDRESS  
199 ARCH MAKARIOS III AVE  
CITY-ST-ZIP  
LIMASSO 01 CYPRUS CY 3608

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this report 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 member 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 #

Manager 2/19/03

CR2E083 (10/02)

100.00 unis required for tax purposes.