

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90030 045 ****50.00

DOCUMENT # L00000004059

1. Entity Name

GEORGE TRAUN RIVER, LLC



Principal Place of Business

**2447 E. SUNRISE BLVD
FORT LAUDERDALE FL 33304**

Mailing Address

**2447 E. SUNRISE BLVD
FORT LAUDERDALE FL 33304**

2. Principal Place of Business

107900 Overseas Hwy
Suite, Apt. #, etc.

3. Mailing Address

107900 Overseas Hwy
Suite, Apt. #, etc.

City & State

Key Largo FL.

City & State

Key Largo FL.

Zip

33037

Country

Monrow

Zip

33037

Country

Monrow

4. FEI Number

65-0997634

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAMERON, CARA EBERT
2929 EAST COMMERCIAL BLVD., SUITE 410
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. 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 **P** ☐ Delete
NAME **SCHU, GEORG**
STREET ADDRESS **1232 NE 16 TERR**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE **V** ☐ Delete
NAME **SCHU, SUSANNE**
STREET ADDRESS **1232 NE 16 TERR**
CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **P** ☒ Change ☐ Addition
NAME **Schu, Georg**
STREET ADDRESS **107900 Overseas Hwy**
CITY-ST-ZIP **Key Largo, FL, 33037**

TITLE **V** ☒ Change ☐ Addition
NAME **Schu, Susanne**
STREET ADDRESS **107900 Overseas Hwy**
CITY-ST-ZIP **Key Largo, FL, 33037**

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 REQUIRED

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

Date

Daytime Phone #

1-29-03

**(305)
451-1716**

CR2E083 (10/02)