

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

3/

03-14-2003 90005 047 \*\*\*\*50.00

**DOCUMENT # L00000004123**



1. Entity Name

**LIBRA GROUP I, L.L.C.**

Principal Place of Business

**933 BLUE HERON OVERLOOK  
OSPREY FL 34229**

Mailing Address

**933 BLUE HERON OVERLOOK  
OSPREY FL 34229**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WATTS, DAVID J  
933 BLUE HERON OVERLOOK  
OSPREY FL 34229**

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **WATTS, DAVID J**  
STREET ADDRESS **933 BLUE HERON OVERLOOK**  
CITY-ST-ZIP **OSPREY FL 34229**

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

TITLE **M** ☐ Delete  
NAME **IMCTF & G LLC**  
STREET ADDRESS **2033 MAIN STREET, SUITE 600**  
CITY-ST-ZIP **SARASOTA FL 34237**

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

**3/10/03**

Date

**941-966-6264**

Daytime Phone #

CR2E083 (10/02)

*Attachment*  
*58028245*  
*#100000004123* Law Offices



**FAXED**

*4589*  
*4-11-03*

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A.  
2033 Main Street, Suite 600  
Postal Drawer 4195  
Sarasota, Florida 34237  
(941) 366-8100  
Fax: (941) 366-6384

## **FAX INFORMATION SHEET**

**DATE:** April 11, 2003  
**FAX TO:** David J. Watts  
**FAX NUMBER:** 966-6264  
**IMCTF&G CLIENT/MATTER #:** 39421/48778  
**FAX FROM:** Talia R. Kohne, Assistant to Bruce P. Chapnick, Esq.  
**NUMBER OF PAGES (Including this cover sheet):** 2

**IF YOU DO NOT RECEIVE ALL OF THE PAGES INDICATED, PLEASE CALL THIS NUMBER AS SOON AS POSSIBLE: (941) 366-8100.**

**COMMENTS:** Attached please find Form SS-4 (*Application for Employer Identification Number*). Please fill in your Social Security Number (*Item 7b*) and sign the document. Please fax the completed form back to us for filing with the Internal Revenue Service.

*OK Done — THANKS*  
*David*

Form **SS-4****Application for Employer Identification Number**(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)  
▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

1 Legal name of entity (or individual) for whom the EIN is being requested <b>LIBRA GROUP I, L.L.C.</b>		
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	
4a Mailing address (room, apt., suite no. and street, or P.O. Box) <b>933 BLUE HERON OVERLOOK</b>	5a Street address (if different) (Do not enter a P.O. box.)	
4b City, state and ZIP code <b>OSPREY, FL 34229</b>	5b City, state, and ZIP code	
6 County and state where principal business is located <b>SARASOTA COUNTY, FLORIDA</b>		
7a Name of principal officer, general partner, grantor, owner, or trustor <b>DAVID J. WATTS</b>	7b SSN, ITIN, or EIN <b>594-17-5876</b>	
8a Type of entity (check only one box)		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ <b>LIMITED LIABILITY COMPANY TAXED AS A PARTNERSHIP</b>		
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard _____ <input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> REMIC _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Federal government/military _____ <input type="checkbox"/> Indian tribal governments/enterprises _____ Group Exemption Number (GEN) ▶ _____		
8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>N/A</b>	Foreign country <b>N/A</b>
9 Reason for applying (check only one box)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>MANAGEMENT PLANNING</b> <input type="checkbox"/> Hired employees (Check the box and see line 12.) _____ <input type="checkbox"/> Compliance with IRS withholding regulations _____ <input type="checkbox"/> Other (specify) ▶ _____		
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
10 Date business started or acquired (month, day, year) <b>APRIL 11, 2000</b>	11 Closing month of accounting year <b>DECEMBER</b>	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) _____ ▶ <b>N/A</b>		
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have employees during the period, enter "0."		
Agricultural <b>0</b> Household <b>0</b> Other <b>0</b>		
14 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale - agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale - other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) <b>MANAGEMENT PLANNING</b>		
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>MANAGEMENT PLANNING</b>		
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "yes," please complete lines 16b and 16c.		
16b If you checked "yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ <b>N/A</b> Trade name ▶ <b>N/A</b>		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
Third Party Designee	Designee's name <b>BRUCE P. CHAPNICK, ESQ.</b>	Designee's telephone number (include area code) <b>(941) 366-8100</b>
	Address and ZIP code <b>ICARD, MERRILL, CULLIS, TIMM, ET AL. 2033 MAIN STREET, SUITE 600, SARASOTA, FL 34237</b>	Designee's fax number (include area code) <b>(941) 366-6384</b>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		
Name and title (type or print clearly) ▶ <b>DAVID J. WATTS, MANAGER</b>		
Signature ▶ <i>[Signature]</i> Date ▶ <b>4/11/03</b>		
Applicant's telephone number (include area code) <b>(941) 966-6264</b>		
Applicant's fax number (include area code) <b>(941) 966-6264</b>		