

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 100000004246

1. Entity Name

THUR LLC

FILED

01 MAY 25 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1601 Belvedere Road,
Suite 407 South
West Palm Beach, FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1000160

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAUL MAPES
1601 BELVEDERE ROAD
SUITE 407 SOUTH
WEST PALM BEACH, FL 33406

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEES \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR/M
NAME MEYER, ARTHUR I
STREET ADDRESS 1601 BELVEDERE ROAD, # 407 SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 33406

☒ Delete

TITLE MGR/M
NAME ARDENT MANAGEMENT L.P.
STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 407 SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 33406

☐ 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: P. Myr (PAUL MAPES) AUTHORIZED REPRESENTATIVE
CHIEF FINANCIAL OFFICER 561-689-6601

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

Date

Daytime Phone #

CR2E083 (11/00)