

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004781

1. Entity Name

STUART U.S. 1, L.L.C.

FILED

01 JUN 25 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

SUITE 1010 FLAGLER CENTER
505 S FLAGLER DRIVE
WEST PALM BEACH FL 33401

SUITE 1010 FLAGLER CENTER
505 S FLAGLER DRIVE
WEST PALM BEACH FL 33401

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

65-1001895

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name SCOT A. JOHNSON MGRM

Street Address (P.O. Box Number is Not Acceptable)

505 South Flagler Drive

Ste 1010

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.

SIGNATURE

[Signature] Pres

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 Department of State

3000004463119--1

07/06/01--01113--013

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE President
NAME SCOT A. JOHNSON MGRM
STREET ADDRESS 505 S Flagler Drive, Ste 1010
CITY-ST-ZIP West Palm Beach, FL 33409

☐ Delete

TITLE Secretary/Treasurer
NAME Patrick C. Koenig MGRM
STREET ADDRESS 505 S Flagler Drive, Ste 1010
CITY-ST-ZIP West Palm Beach, FL 33409

☐ Delete

TITLE Vice President
NAME Richard S. Johnson, Jr. MGRM
STREET ADDRESS 505 S Flagler Drive, Ste 1010
CITY-ST-ZIP West Palm Beach, FL 33409

☐ Delete

TITLE Richard S. Johnson MGRM
NAME
STREET ADDRESS 505 South Flagler Drive, Ste 1010
CITY-ST-ZIP West Palm Beach, FL 33409

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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:

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

3/29/01

361-6557200

Date

Daytime Phone #

CR2E083 (11/00)