

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90026 025 \*\*\*\*50.00

0028362

**DOCUMENT # L00000005645**

1. Entity Name  
**SANTA CLARITA, LLC**



Principal Place of Business      Mailing Address  
**1690 THE TWELFTH FAIRWAY**      **1690 THE TWELFTH FAIRWAY**  
**WELLINGTON FL 33414**              **WELLINGTON FL 33414**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      **832 FOREST GLEN LN**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State  
**WELLINGTON, FL.**

Zip      Country                      Zip      Country  
**33414**



CHECK HERE IF MAKING CHANGES

4. FEI Number      **65-1009457**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HILDA M. PORRO, P.A.**  
**12773 W. FOREST HILL BLVD., SUITE 1201**  
**WELLINGTON FL 33414**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ESCOBAR, FRANCISCO 1690 THE TWELFTH FAIRWAY WELLINGTON FL 33414</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**      *Feb 11, 03*      *561-371 8808*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)