

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 26 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006152

1. Entity Name

MSR PARTNERS, LLC

Principal Place of Business

6407 NW 99TH AVENUE
PARKLAND FL 33076

Mailing Address

6407 NW 99TH AVENUE
PARKLAND FL 33076

2. Principal Place of Business

643 N. GRANDVIEW AVE

3. Mailing Address

643 N. GRANDVIEW AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL.

City & State

DAYTONA BEACH, FL.

4. FEI Number

65-1819421

Applied For

Not Applicable

Zip

32118

Country

US

Zip

32118

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISS, MILES

6407 NW 99TH AVENUE
PARKLAND FL 33076

7. Name and Address of New Registered Agent

Name RON BYNUM

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

643 N. GRANDVIEW AVE

City

DAYTONA BEACH, FL

Zip Code

32118

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!!! FEE IS \$50.00
Make Check Payable to Department of State

300004191759--3

-05/09/01--01128--019

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME WEISS, MILES ☒ Delete
STREET ADDRESS 6407 NW 99TH AVENUE
CITY-ST-ZIP PARKLAND FL 33076

TITLE PRESTON
NAME RON BYNUM ☐ Delete
STREET ADDRESS 643 N. GRANDVIEW AVE.
CITY-ST-ZIP DAYTONA BEACH, FL. 32118

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

Date

Daytime Phone #

CR2E083 (11/00)