## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

16C

5510 NORTH OCEAN DRIVE

SINGER ISLAND FL 33404

## DOCUMENT # L0000006361

1. Entity Name

Principal Place of Business

5510 NORTH OCEAN DRIVE

SINGER ISLAND FL 33404

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

9.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

C/TY-ST-ZIE

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

2. Principal Place of Business

WITTE, LARRY F

the obligations of registered agent.

MGRM

FRANK, BENJAMIN

5510 NORTH OCEAN DRIVE 16C

SINGER ISLAND FL 33404

201 S.E. 24TH AVENUE POMPANO BEACH FL 33062

BENJAMIN FRANK & ASSCOCIATES, L.L.C.

Country

6. Name and Address of Current Registered Agent

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

MANAGING MEMBERS/MANAGERS



Country

Name

City

FILE NOW!!! FEE IS \$50.00

Due By May 1, 2003

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITL F

NAME

TITLE

NAME

STREET ADDRESS

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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.

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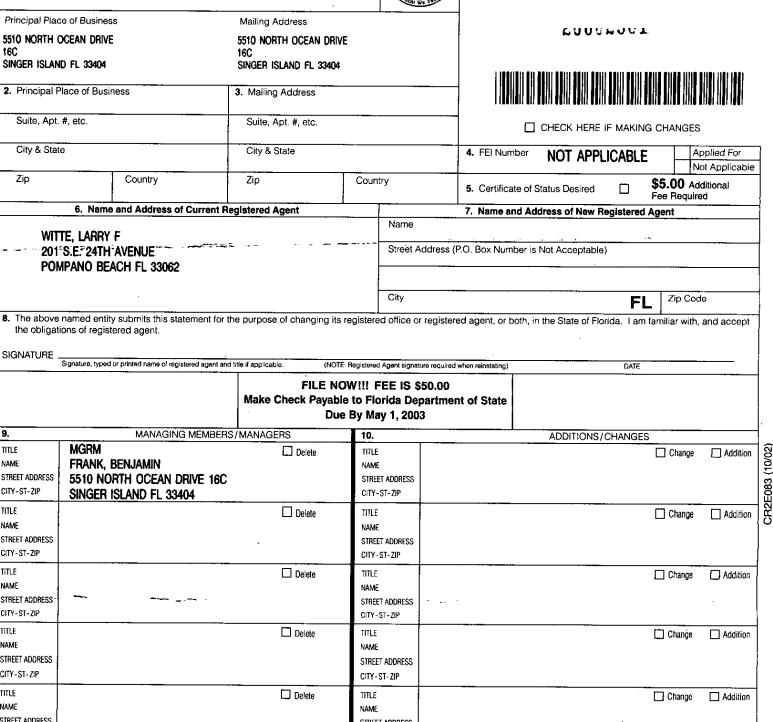
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90006 050 \*\*\*\*50.00



☐ Change

Daytime Phone #

☐ Addition