

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006465

1. Entity Name
NEW VENTURES OF PALM BEACH COUNTY, LLC

Principal Place of Business

4400 PGA BLVD
SUITE 800
PALM BEACH GARDENS FL 33410

Mailing Address

4400 PGA BLVD
SUITE 800
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

529 S. FLAGLER DR
Suite, Apt. #, etc.
CC415

3. Mailing Address

529 S. FLAGLER DR
Suite, Apt. #, etc.
CC415

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

Palm Beach

Zip

33401

Country

Palm Beach

FILED

01 SEP -4 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRIS, J. RICHARD
4400 PGA BLVD
SUITE 800
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name: San K. J. Lee
Street Address (P.O. Box Number is Not Acceptable): 529 S. FLAGLER DR
CC415
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)* (SAN K. J. LEE)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

100004598941-4
-09/19/01--01072--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: PARK, DAVID
STREET ADDRESS: 529 S FLAGLER DR TOWNHOUSE 3-E
CITY-ST-ZIP: WEST PALM BEACH FL 33401

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10. ADDITIONS/CHANGES

TITLE: MGR
NAME: San K. J. Lee
STREET ADDRESS: 529 S. FLAGLER DR CC415
CITY-ST-ZIP: West Palm Beach, FL 33401

☒ Change ☐ Addition

TITLE: MGR
NAME: SAN K. J. LEE
STREET ADDRESS: 529 S. FLAGLER DR, Suite CC415
CITY-ST-ZIP: West Palm Beach FL 33401

☒ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

☐ 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)* (SAN K. J. LEE)

July 25, 2001

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

0000237

CR2E083 (5/01)

STAPLE CHECK HERE