

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

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-25-2003 90040 027 \*\*\*\*55.00

**DOCUMENT # L00000007561**

1. Entity Name  
**DOYLE CAPITAL MANAGEMENT, LLC**



Principal Place of Business

**2508 FAIRWAY DR N  
JUPITER FL 33477**

Mailing Address

**2508 FAIRWAY DR N  
JUPITER FL 33477**

2. Principal Place of Business

**2508 FAIRWAY DR. N.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

FL

City & State

Zip

33477

Country

**USA**

Zip

33477

Country

USA

4. FEI Number **65-1021685**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIZCORP INTERNATIONAL INC  
4400 PGA BLVD  
SUITE 700  
PALM BEACH GARDENS FL 33410**

Name

**IAN P. DOYLE**

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

**2508 FAIRWAY DR. NORTH**

City

**JUPITER**

FL

Zip Code

**33477**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/20/03**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DOYLE, FRANCES M  
2508 FAIRWAY DR N  
JUPITER FL 33477**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DOYLE, IAN P  
2508 FAIRWAY DR. N  
JUPITER FL 33477**

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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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 IAN DOYLE**

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

**8/20/03**

Date

Daytime Phone #

**561-714-4494**

CR2E083 (4/03)