

2001 UNIFORM BUSINESS REPORT (UBR)

U014502 AT

DOCUMENT # L00000008827

1. Entity Name
FOX ECKLOND, L.L.C.

FILED
 01 APR 25 PM 5:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
104 NW SPANISH RIVER BOULEVARD **104 NW SPANISH RIVER BOULEVARD**
BOCA RATON FL 33431 **BOCA RATON FL 33431**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6070 MONACO BLVD Suite, Apt. #, etc.
 Suite, Apt. #, etc.
 City & State City & State
DELRAY BCH FL
 Zip Country Zip Country
33446 **USA**

4. FEI Number Applied For
65-1026711 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ECKLOND, KIM
104 NW SPANISH RIVER BOULEVARD
BOCA RATON FL 33431

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.
 SIGNATURE *Kimberly Ecklund* DATE **4/23/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ECKLOND, KIM 104 NW SPANISH RIVER BOULEVARD BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE 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: *Kimberly Ecklund* DATE: **4/23/01** Daytime Phone #: **561-498-8072**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)