

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90077 025 ****50.00

0066903

DOCUMENT # L00000009991

1. Entity Name

FOX CHASE ESTATES, L.L.C.



Principal Place of Business

P.O. BOX 606
DELRAY BEACH FL 33447

Mailing Address

P.O. BOX 606
DELRAY BEACH FL 33447

2. Principal Place of Business

6919 Royal Orchid Circle

Suite, Apt. #, etc.

3. Mailing Address

6919 Royal Orchid Circle

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33446

Country

USA

City & State

Delray Beach, FL

Zip

33446

Country

USA

4. FEI Number

65-1056393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GREENBERG, JEFFREY L ESQ.
4800 N. FEDERAL HIGHWAY, SUITE 304D
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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BLUM, STEVEN**
STREET ADDRESS **6919 ROYAL ORCHID CIRCLE**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **D** ☐ Delete
NAME **GREENBERG, STEVE**
STREET ADDRESS **22 MERRY HILL COURT**
CITY-ST-ZIP **BALTIMORE MD 61208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
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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 REQUIRED

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

9/4/03
Date

561-350-3619
Daytime Phone #

CR2E083 (10/02)