

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2003 8:00 am**  
**Secretary of State**

09-19-2003 90064 003 \*\*\*\*50.00

0014682

**DOCUMENT # L00000010229**

1. Entity Name

**EXECUTIVE COURTS ASSOCIATES L.L.C.**



Principal Place of Business

Mailing Address

4300 N. UNIVERSITY DRIVE, ~~B-104~~ F 200  
LAUDERHILL FL 33351

4300 N. UNIVERSITY DRIVE, ~~B-104~~ F 200  
LAUDERHILL FL 33351

00107000



2. Principal Place of Business

3. Mailing Address

4300 NORTH UNIVERSITY DR

4300 NORTH UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE F200

SUITE F-200

City & State

City & State

LAUDERHILL FL 33350

LAUDERHILL FL

Zip

Country

Zip

Country

33351

USA

33351

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1034571**

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

ROBERTS, NORMAN T  
50 WEST MASHTA DRIVE #2  
KEY BISCAYNE FL 33149

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **I.D.M. MANAGEMENT, INC.**  
STREET ADDRESS **4300 N. UNIVERSITY DRIVE, ~~B-104~~ F200**  
CITY-ST-ZIP **LAUDERHILL FL 33351**

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

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/15/03

957-182975

Date

Daytime Phone #

CR2E083 (7/03)