

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0011899

DOCUMENT # L00000010255

1. Entity Name

SYMPHONY BUILDERS AT MARINA COVE, LLC



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
1700 NORTH UNIVERSITY DRIVE, SUITE 302
CORAL SPRINGS FL 33071

Mailing Address
1700 NORTH UNIVERSITY DRIVE, SUITE 302
CORAL SPRINGS FL 33071

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-1037531
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTHENBERG, LARRY A P.A.
900 NORTH FEDERAL HWY, SUITE 460
BOCA RATON FL 33432

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 NAME
MGRM
SYMPHONY BUILDERS AT MARINA COVE INC.
STREET ADDRESS
1700 NORTH UNIVERSITY DRIVE, SUITE 302
CITY-ST-ZIP
CORAL SPRINGS FL 33071

10. ADDITIONS/CHANGES

TITLE NAME
700017816357
STREET ADDRESS
05/01/03--01041--013 **\$50.00
CITY-ST-ZIP

TITLE NAME
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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

Date

Daytime Phone #

CR2E083 (10/02)