2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011059

1. Entity Name

ABERDEEN OFFICE AND RETAIL SITES, L.C.



FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90028 027 ****50.00

7806 CHARNEY LANE			78	Mailing Address 7806 CHARNEY LANE BOCA RATON FL 33496								
2. Principal Place of Business 3				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4. FEI Numb	per 65-1040187		Applied For Not Applicable		
Zip	p Country			Zip Country			5. Certificat	e of Status Desired	Fee Required			
6. Name and Address of Current Reg				stered Agent			7. Name and Address of New Registered Agent					
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SUSI, SAMUEL 7806 CHARNEY LANE BOCA RATON FL 33496					Street Address (P.O. Box Number is Not Acceptable)							
BUC.	A HATON	FL 33490				City			FL	Zip Code		
						1				-10		
8. The above the obligation	named entity ons of regist	y submits this statem ered agent.	ent for the	purpose of char	nging its registe	ered office or re	gistered agent, or b	oth, in the State of Flor	nda, i am iar	niliar with, a	and accept	
SIGNATURE	Signature hand	or printed name of registered	agent and titl	le if applicable.	(NOTE: Registe	red Agent signature	required when reinstating)		DATE			
					Payable to F	FEE IS \$50 Florida Depa May 1, 2003	0.00 rtment of State				,	
9.	 -	MANAGING M	EMBERS/	MANAGERS	10).		ADDITIONS/	CHANGES			5
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	Certify that th	ne information suppli	ed with thi	s filing does not o	_		d in Section 119.07(3)(i), Florida Statutes.	I further cert	fy that the	information	1
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I hereby certify that the information supplied with this fining does not qualify to the admitted that the 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

1/31/03

561-483-2030

Daytime Phone #