## 2003 LIMITED LIABILITY COMPANY

## UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L00000011375

1. Entity Name

-NXTTHOUGHT, L.L.C.

JONATHAN CARROLL & ASSOCIATES, L

Principal Place of Business		Mailing Address		-17	]						
103 GOLFVIEW DRIVE TEQUESTA FL 33469-1920		103 GOLFVIEW DRIVE TEQUESTA FL 33469-1920		V							
<del></del>					1181			DI <b>1819</b> : 1 <b>46</b>	1 19 <b>111</b> 1911	18821 1111 1281	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
City & State		City & State		_	4. FEI Nur	100 10	<del>47733</del> -			pplied For	
Zip	Country	Zip	Country		5. Certifica	ate of Status De	5412 sired	<b>bd</b> \$	5.00 Ac se Requir	lot Applicable Iditional	
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of	New Real			ea	
CAL	POLL JONATHAN I		Nam	e		<		otorea ng			
103	rroll, Jonathan L Golfview Drive Nuesta FL 33469-1920		Street Address			(P.O. Box Number is Not Acceptable)					
-	10E01A   E 30403-1320										
•			City	<del></del> .		<u></u> _	<del></del>	FL	Zip Cod	de	
8. The above	named entity submits this statement for	the purpose of changing its re	eaistered office	or registere	ed agent or h	onth in the State	of Florids	1 am fon	ailine with	and seesal	
the obligat	ions of registered agent.		<b>3</b>	- regional	ou agont, or s	John, in the Olate	; O( ) (O( )Q	a, raiiriaii	mai willi,	, апо ассері	
SIGNATURE .											
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent sig	nature required v	when reinstating)			DATE			
		Make Check Payable	W!!! FEE IS to Florida D By May 1, 20	epartmen	it of State					<u>-</u>	
9.	MANAGING MEMBER	Į.									
TITLE	MGR		10.			ADDIT	IONS/CH	ANGES			
NAME .	CARROLL, JONATHAN L	Delete	TITLE NAME						] Change	☐ Addition	
STREET ADDRESS	103 GOLFVIEW DRIVE		STREET ADDRES	s							
CITY-ST-ZIP	TEQUESTA FL 33469-1920		CITY-ST-ZIP								
TITLE	MGR	<b>X</b> Delete	TITLE					<del></del>	1 Change	T sauce-	
NAME	Washburn, Gerald S	20000	NAME					Ļ	Change	☐ Addition	
STREET ADDRESS	12329 164TH COURT NORTH		STREET ADDRESS	s							
CITY-ST-ZIP	JUPITER FL 33478		CITY-ST-ZIP								
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IAME		L Detete	NAME					L	Change	☐ Addition	
TREET ADDRESS			STREET ADDRESS								
ITY-ST-ZIP			CITY-ST-ZIP							ĺ	
1 I hereby ce	ertify that the information available with the	(a filta's at a constant of the filtant		<del></del>		- · · · · · · · · · · · · · · · · · · ·					

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:

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

3-10-2003 Date

(561) 741-7053

**FILED** 

Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90688 046 \*\*\*\*55.00

Daytime Phone #