

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-08-2003 90026 018 ****55.00

DOCUMENT # L00000011813

1. Entity Name

HUNNICUTT PROPERTIES, LLC



Principal Place of Business

Mailing Address

8 BRINY AVENUE, APT. #501
POMPANO BEACH FL 33062

8 BRINY AVENUE, APT. #501
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

2637 E. ATLANTIC BLVD
Suite, Apt. #, etc.
255

2637 E. ATLANTIC BLVD
Suite, Apt. #, etc.
255

City & State

City & State

POMPANO BEACH FL

POMPANO BEACH FL

Zip

Country

Zip

Country

33062 US

33062 US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1043419

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

PRICE, IRA B
9100 S. DADELAND BOULEVARD, SUITE 1701
MIAMI FL 33156

Name: STEPHEN ZELIN
Street Address (P.O. Box Number is Not Acceptable)
201 HIBISCUS AVE

City: POMPANO BEACH FL Zip Code: 33062

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-2003

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR
NAME: HUNNICUTT, EDGAR W
STREET ADDRESS: 8 BRINY AVENUE, APT. 501
CITY-ST-ZIP: POMPANO BEACH FL 33162

TITLE: MGR
NAME: HUNNICUTT, EDGAR W
STREET ADDRESS: 2637 E. ATLANTIC BLVD #255
CITY-ST-ZIP: POMPANO BEACH, FL 33062

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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

Date

Daytime Phone #

4/6/03

954-294-8171

CR2E083 (10/02)