

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90003 034 ****50.00

DOCUMENT # L00000011906

1. Entity Name

LEDER NEWPORT COMMONS, L.L.C.



Principal Place of Business

**6530 WEST ROGERS CIRCLE
SUITE #31
BOCA RATON FL 33487
US**

Mailing Address

**6530 WEST ROGERS CIRCLE
SUITE #31
BOCA RATON FL 33487
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **26-4520772**
16-1637947

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

RITTER, GREGORY J
7000 W. PALMETTO PARK ROAD, SUITE 400
BOCA RATON FL 33433
LEDER NEWPORT COMMONS, L.L.C.

Name **Mark M. Hasner, Esquire**

Street Address (P.O. Box Number is Not Acceptable)
One S.E. 3rd Avenue, Suite 2400

City **Miami**

FL

Zip Code **33131**

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.

6530 WEST ROGERS CIRCLE

SUITE #31

BOCA RATON FL 33487

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

3-7-03

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 **MGRM** ☒ Delete
NAME **LEDER, SAMUEL E**
STREET ADDRESS **6530 W. ROGERS CIRCLE #31**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **MANAGER** **26-4520772** ☒ Change ☐ Addition
NAME **LEDER GROUP, INC.**
STREET ADDRESS **6530 W. ROGERS CIRCLE SUITE #31**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete
NAME **RITTER, GREGORY J**
STREET ADDRESS **7000 W. PALMETTO PARK ROAD, SUITE 400**
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

TITLE ☐ Delete
NAME **LEDER, SAMUEL E**
STREET ADDRESS **6530 W. ROGERS CIRCLE #31**
CITY-ST-ZIP **BOCA RATON FL 33487**

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)(f), 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

3/1/03

(561) 995-7878

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

Date Daytime Phone #

0032442

0032442

CR2E083 (10/02)