

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90026 039 \*\*\*\*50.00

**DOCUMENT # L00000012108**

1. Entity Name

**MATECUMBE PLANTATION, L.L.C.**

Principal Place of Business

**150 SE 12 STREET, SUITE 300  
 FORT LAUDERDALE FL 33316**

Mailing Address

**150 SE 12 STREET, SUITE 300  
 FORT LAUDERDALE FL 33316**

2. Principal Place of Business

**8211 W Broward Blvd.**

Suite, Apt. #, etc.

**Suite 120**

City & State

**Plantation, FL**

Zip

**33324**

Country

**USA**

3. Mailing Address

**8211 W Broward Blvd**

Suite, Apt. #, etc.

**Suite 120**

City & State

**Plantation, FL**

Zip

**33324**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1045387**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SANTOLLA, STEVEN  
 150 SE 12 STREET, SUITE 300  
 FORT LAUDERDALE FL 33316**

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.

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 Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **LIHAN, THOMAS**  
 STREET ADDRESS **150 SE 12 STREET, SUITE 300**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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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)(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 #

**Thomas A. Lihan** 1/22/02 954 476 8191

CR2E083 (9/01)