

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90007 001 \*\*\*\*50.00

**DOCUMENT # L00000012848**

1. Entity Name

**FEEDINGBOWL TRADING, L.C.**



Principal Place of Business

**100 N. BISCAYNE BLVD., 21ST FLOOR  
C/O BAUR KLEIN MATOS & RIEDI  
MIAMI FL 33132-2306**

Mailing Address

**100 N. BISCAYNE BLVD., 21ST FLOOR  
C/O BAUR KLEIN MATOS & RIEDI  
MIAMI FL 33132-2306**

2. Principal Place of Business

**6068 Eagle Watch Court**

Suite, Apt. #, etc.

3. Mailing Address

**1318 Lafayette Street**

Suite, Apt. #, etc.

City & State

**North Fort Myers / Florida**

City & State

**Cape Coral / Florida**

Zip

**33917**

Country

**Lee**

Zip

**33904**

Country

**Lee**

4. FEI Number

**65-1069729**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BAUR, THOMAS  
100 N. BISCAYNE BLVD., 21ST FLOOR  
C/O BAUR KLEIN MATOS & RIEDI  
MIAMI FL 33132-2306**

7. Name and Address of New Registered Agent

Name

**Thomas W. Hill**

Street Address (P.O. Box Number is Not Acceptable)

**1318 Lafayette Street**

City

**Cape Coral**

**FL**

Zip Code

**33904**

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.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **EINSLER, HANS D**  
CITY-ST-ZIP **HEIDER STRASSE 9 D-25794 DOERPLING GERMANY**

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **GOETZ, ANNEROSE**  
CITY-ST-ZIP **BRAMFELDER CHAUSSEE 215 D-22177 HAMBURG GERMANY**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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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 #

CR2E083 (10/02)