


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 10, 2003 8:00 am  
Secretary of State

02-10-2003 90103 008 \*\*\*\*50.00

**DOCUMENT # L00000013676**

1. Entity Name  
**CHANCELLOR PROPERTIES, LLC**



Principal Place of Business      Mailing Address

2126 NE 187 ST.      2126 NE 187 ST.  
N. MIAMI BEACH FL 33179      N. MIAMI BEACH FL 33179

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **06-1600360**      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

**FEINBERG, JEFFREY**  
**4000 HOLLYWOOD BLVD**  
**SUITE 350-N**  
**HOLLYWOOD FL 33021**


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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE       DATE **2/5/03**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE NAME     | <b>MGRM SAGI, ABRAHAM</b>         | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>2126 NE 187TH ST</b>           |                                 |
| CITY-ST-ZIP    | <b>NORTH MIAMI BEACH FL 33179</b> |                                 |
| TITLE NAME     |                                   | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE NAME     |                                   | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE NAME     |                                   | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE NAME     |                                   | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

10. ADDITIONS/CHANGES

|                |  |   |
|----------------|--|---|
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 REQUIRED      DATE **2/5/03**      Daytime Phone # **305-218146**

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

CR2E083 (10/02)