2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000013778

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FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90180 050 ****50.00

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| City & State City & State City & State City & State Country Country Country Country Country Country S. Certificate of Status Desired \$5.00 Additions Fee Required T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent COOPER, C.R. S550 10TH AVENUE NORTH SUITE 8 LAKE WORTH FL 33463 City FL 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 a the obligations of registered agent. SIGNATURE 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 ITILE MMR COOPER, C.R. STRET ADDRESS CITY-ST-ZIP INTLE MMR MERN COOPER, C.R. STRET ADDRESS CITY-ST-ZIP Change | |
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| 6. Name and Address of Current Registered Agent COOPER, C.R. 5350 10TH AVENUE NORTH SUITE 8 LAKE WORTH FL 33463 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 a the obligations of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) PATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS TITLE MGRM COOPER, C.R. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP MGRM MGRM Delete ITTLE MGRM MGRM Delete ITTLE MAME BECK, SUZANNE M Delete ITTLE MGRM Delete ITTLE MGRM MGRM Delete ITTLE MAME NAME BECK, SUZANNE M Delete ITTLE MGRM MGRM Delete ITTLE MGRM Delete ITTLE MGRM Delete ITTLE MGRM MGRM Delete ITTLE MGRM MGRM Delete ITTLE MGRM Delete ITTLE MGRM MGRM Delete ITTLE MGRM Delete ITTLE MGRM MGRM MGRM Delete ITTLE MGRM MGRM MGRM MGRM MGRM MGRM MGRM MG | |
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| 11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information dicated on this report is true and accurate and that my signature shall have the same legal effect as if made under outh. That I am a managing member of manager of the | dition |

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

Daytime Phone #