

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90185 023 ****50.00

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DOCUMENT # L00000013822

1. Entity Name
ARDTULLY 1921 COV, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
145 WOODBRIDGE RD
Suite, Apt. #, etc.

3. Mailing Address
222 LAKEVIEW AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH FL
Zip
33480
Country
USA

City & State
WEST PALM BEACH FL
Zip
33401
Country
USA

4. FEI Number
65-1055747

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JOY SHAPIRO
Street Address (P.O. Box Number is Not Acceptable)
145 WOODBRIDGE RD
City
PALM BEACH FL Zip Code
33480

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 JOY SHAPIRO
Signature, typed or printed name of registered agent and title if applicable.

2/11/02
DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER JOY SHAPIRO, MGR 145 WOODBRIDGE RD PALM BEACH FL 33480
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CR2E083B (12/01)

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: JOY SHAPIRO MGR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/11/02
Date

Daytime Phone #