

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

09-17-2003 90011 025 \*\*\*\*50.00

**DOCUMENT # L00000014299**

1. Entity Name  
**MCBRIDE MANAGEMENT, L.L.C.**



**30157276**



CHECK HERE IF MAKING CHANGES

Principal Place of Business      Mailing Address  
**6818 GULF DRIVE**      **6818 GULF DRIVE**  
**HOLMES BEACH FL 34217**      **HOLMES BEACH FL 34217**

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 **65-1056693**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**MCBRIDE, ANN**  
**6818 GULF DRIVE**  
**HOLMES BEACH FL 34217**

**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 *A. C. McBride*      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>MCBRIDE, KENNETH W</b>	
STREET ADDRESS	<b>2300 GLADES ROAD, STE 302E</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>MCBRIDE, C. ANN</b>	
STREET ADDRESS	<b>2300 GLADES ROAD, STE 302E</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *A. C. McBride*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**      Date      Daytime Phone #

CR2E083 (4/03)