

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90053 021 \*\*\*\*\*50.00

**DOCUMENT # L00000014360**

1. Entity Name

**PLUMOSA OFFICE PARK, LLC**

Principal Place of Business

**516 DELANNOY AVENUE  
COCOA FL 32922**

Mailing Address

**PO BOX 3767  
COCOA FL 32922**

2. Principal Place of Business

**155 UTOPIA CIRCLE**

3. Mailing Address

**155 UTOPIA CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**MERRITT ISLAND, FL**City & State  
**MERRITT ISLAND FL**4. FEI Number **59-3686669**

Applied For

Not Applicable

Zip  
**32952**

Country

Zip  
**32952**

Country

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

6. Name and Address of Current Registered Agent

**KIRSCHENBAUM, MALCOLM R  
516 DELANNOY AVE  
COCOA FL 32922**

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.

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 Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME                    | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------------|----------------|-------------|---------------------------------|
|       | <b>MGRM</b>             |                |             |                                 |
|       | <b>SWANN, JIM</b>       |                |             |                                 |
|       | <b>516 DELANNOY AVE</b> |                |             |                                 |
|       | <b>COCOA FL 32922</b>   |                |             |                                 |

| TITLE | NAME                           | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------------------|----------------|-------------|---------------------------------|
|       | <b>MGRM</b>                    |                |             |                                 |
|       | <b>PERRONE, RALPH S SR.</b>    |                |             |                                 |
|       | <b>155 UTOPIA CIRCLE</b>       |                |             |                                 |
|       | <b>MERRITT ISLAND FL 32952</b> |                |             |                                 |

| TITLE | NAME                                   | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--|----------------|-------------|---------------------------------|
|       | <b>MGRM</b>                            |                |             |                                 |
|       | <b>KIRSCHENBAUM, MALCOLM R TRUSTEE</b> |                |             |                                 |
|       | <b>516 DELANNOY AVE</b>                |                |             |                                 |
|       | <b>COCOA FL 32922</b>                  |                |             |                                 |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             |                                 |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             |                                 |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             |                                 |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             |                                 |                                   |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             |                                 |                                   |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             |                                 |                                   |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             |                                 |                                   |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             |                                 |                                   |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             |                                 |                                   |

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**

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

Date

Daytime Phone #

CR2E083 (9/01)