

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90255 013 ****50.00

DOCUMENT # L00000014425

1. Entity Name

BLUE MARLIN PROPERTIES, L.L.C.



Principal Place of Business

7630 N.W. 6TH AVENUE
BOCA RATON FL 33487

Mailing Address

2901 CLINT MOORE RD.. #412
BOCA RATON FL 33496

2. Principal Place of Business

916 Clint Moore Rd.

3. Mailing Address

2901 Clint Moore Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

412

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

Country

33487

US

Zip

Country

33496

US

4. FEI Number **65-1056659**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLICKER, MARK
6688 PORTSIDE DRIVE
BOCA RATON FL 33496

Name *Scott Schneider*

Street Address (P.O. Box Number is Not Acceptable)

916 Clint Moore Rd.

City

Boca Raton

FL

Zip Code

33487

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/03
DATE

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

TITLE **MGRM** ☐ Delete
NAME **FLICKER, MARK**
STREET ADDRESS **6688 PORTSIDE DR.**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **SCHNEIDER, SCOTT**
STREET ADDRESS **7975 YORKSHIRE CT.**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **PUDER, MICHAEL**
STREET ADDRESS **5235 PRINCETON WAY**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]* **REQUIRED**

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

1/16/03 *561/477-1616*
Date Daytime Phone #

CR2E083 (10/02)