

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015735

1. Entity Name

ROYAL PALM ENCLAVE, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

1200 N. Federal Hwy.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 312

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33432

Country

Palm Beach

Zip

Country

4. FEI Number

65-1080573

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Donald J. Thomas
1200 N. Federal Hwy.
Suite 312
Boca Raton, FL 33432

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

9. MANAGING MEMBERS/MEMBERS

TITLE	Manager	<input type="checkbox"/> Delete
NAME	Donald J. Thomas	
STREET ADDRESS	1200 N. Federal Hwy., Suite 312	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	Member	<input type="checkbox"/> Delete
NAME	James T. Barretta	
STREET ADDRESS	5434 Woodland Drive	
CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Carter & Thomas Law Offices LLP	
STREET ADDRESS	1200 N. Federal Hwy., Suite 312	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000004084160-3
STREET ADDRESS	-04/27/01--01031--016
CITY-ST-ZIP	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

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

Date

Daytime Phone #

CR2E083 (11/00)

3/28/01 561-368-9900