2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100000061

1. Entity Name

2620 FOREST HILL, LLC



May 02, 2003 8:00 am Secretary of State
05-02-2003 90563 042 ****50.00 **FILED**

				GO WE TO					
Principal Place of Business		Mailing Address							
505 SOUTH FLAGLER. SUITE 1010 WEST PALM BEACH FL 33401		505 SOUTH FLAGLER. SUITE 1010 WEST PALM BEACH FL 33401							
2. Principal Place of Bu	Jsiness	3. Mailing Address							
2. Timolpai / Idoo of Basilloso		J. Walling Address				IZI UZI UDZBI IZDIK BUKI DOKK U	18611 88111 88111	88111 48 118 8	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Num	. FEI Number 65-1063524			
Zip	Country	Zip	Cour	ntry	5. Certificat	e of Status Desired			
6. Na	Registered Agent			7. Name an	d Address of New Re	gistered Ag	jen <u>t</u> `		
JOHNSON, SCOTT A				Name					
505 SOUTH			Street Address	(P.O. Box Numb	per is Not Acceptable)				
SUITE 1010 WEST PAIM	BEACH FL 33401		Country Cou						
1721 1721 122 137 12 33 147				City			FL	Zip Cod	e
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 req	gistered agent.								
SIGNATURESignature, ty	ped or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature require	ed when reinstating)		DATE		
			IOWIII	FFF IS \$50.00	CHECK HERE IF MAKING CHANGES 4. FEI Number 65-1063524 Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required 7. Name and Address of New Registered Agent didress (P.O. Box Number is Not Acceptable) FL Zip Code registered agent, or both, in the State of Florida. I am familiar with, and accept re required when reinstating) DATE 50.00 Addition ADDITIONS/CHANGES Addition Change Addition Change Addition				
		1	-						
				-					
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE MGR	nau 000 -1 4	☐ Delete		I			Į.	Change	☐ Addition
	SON, SCOTT A OUTH ELAGLER DRIVE S	INTE 1010		1					
	500 COCITI DAGLET DRIVE, COTTE 1010			-ST-ZIP					
TITLE MGR		☐ Delete	TITL	E	<u>-</u>		[Change	☐ Addition
	IG, PATRICK C	4 USE 4 0 4 0		į.					
STREET ADDRESS 505 SOUTH FLAGLER DRIVE, SUITE 1010 CITY-ST-ZIP WEST PALM BEACH FL 33401				J					
TITLE * MGR	FALM DEACH PL 33401	Delete	TITL	E			~ [Change	Addition
	SON, RICHARD S JR		NAM	IE }					
	OUTH FLAGLER DRIVE, S	UITE 1010		I					
MEGI	PALM BEACH FL 33401	[] p.j.e.						Change	☐ Addition
TITLE NAME		☐ Delete					1	Change	Addition
STREET ADDRESS				l					
CITY-ST-ZIP	<u></u>		CITY	-ST-ZIP					
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NAME STREET ADDRESS				Į.					
C/TY-ST-ZIP									
TITLE		Delete	TITL	E			- [Change	Addition
NAME CEREST ADDRESS			NAM	- 1					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP			-		
	the information supplied with	this filing does not qualify for			Section 119.07(3)(i), Florida Statutes. I fi	urther certif	y that the ir	nformation

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.

نا ال كان الله الله SIGNATURE:

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

Date

Daytime Phone #