

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90047 020 \*\*\*\*50.00

**DOCUMENT # L01000000254**

1. Entity Name

**PURPLE MARTIN ASSOCIATES, LLC**



Principal Place of Business

**2350 SOUTH CONGRESS AVENUE  
DELRAY BEACH FL 33445**

Mailing Address

**2350 SOUTH CONGRESS AVENUE  
DELRAY BEACH FL 33445**

2. Principal Place of Business

3. Mailing Address

**1320 North Ocean Blvd.  
Gulf Stream, Florida 33483**

**1320 North Ocean Blvd.  
Gulf Stream, Florida 33483**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1067718**

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

**ELMORE, GEORGE T  
2101 S CONGRESS AVE  
DELRAY BEACH FL 33445**

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

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ELMORE, GEORGE T  
2101 S CONGRESS AVE  
DELRAY BEACH FL 33445** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

Date

Daytime Phone #

CR2E083 (10/02)