

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90031 047 ****50.00

DOCUMENT # L01000000267



1. Entity Name
PODZAMSKY, LLC

Principal Place of Business
**4604 ATLANTIC BLVD., SUITE 7
JACKSONVILLE FL 32207**

Mailing Address
**3596 TAMiami TRAIL, SUITE D
PORT CHARLOTTE FL 33952**



2. Principal Place of Business

3. Mailing Address

3195 Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

City & State

Port Charlotte, FL

4. FEI Number **59-3691075**

Applied For

Not Applicable

Zip

Country

Zip

Country

33952 Charlotte

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBBER ASSOCIATES, LC
3596 TAMiami TRAIL, SUITE D
PORT CHARLOTTE FL 33952**

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)

3/17/03

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PODZAMSKY II LLC 4604 ATLANTIC BLVD STE 7 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEBBER ASSOCIATES LC 3596 TAMiami TRAIL STE D PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3195 Tamiami Trail, Ste 204 Port Charlotte, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELEGAL GROUP LC 3596 TAMiami TRAIL STE E PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3195 Tamiami Trail, Ste 204 Port Charlotte, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAVARESE ENTERPRISES LLC 3596 TAMiami TRAIL STE D PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3195 Tamiami Trail, Ste 204 Port Charlotte, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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

1-7-03 941.743-8540

Date

Daytime Phone #

CR2E083 (10/02)