

**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

CHECK HERE IF MAKING CHANGES

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

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)

DATE

3/17/03

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
PODZAMSKY II LLC
4604 ATLANTIC BLVD STE 7
JACKSONVILLE FL 32207**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
WEBBER ASSOCIATES LC
3596 TAMiami TRAIL STE D
PORT CHARLOTTE FL 33952**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

**3195 Tamiami Trail, Ste 204
Port Charlotte, FL 33952**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **SCANNED 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)