

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90007 005 \*\*\*\*\*55.00

9091301

**DOCUMENT # L01000000989**

1. Entity Name

**DOWNTOWN AT THE GARDENS, LLC**



Principal Place of Business

**% MENIN DEVELOPMENT COMPANIES, INC.  
201 N. U.S. HIGHWAY 1, SUITE D-5  
JUPITER FL 33477**

Mailing Address

**% MENIN DEVELOPMENT COMPANIES, INC.  
201 N. U.S. HIGHWAY 1, SUITE D-5  
JUPITER FL 33477**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1087045**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MENIN, CRAIG I  
% MENIN DEVELOPMENT COMPANIES, INC.  
201 N. U.S. HIGHWAY 1, SUITE D-5  
JUPITER FL 33477**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 **MGR** ☐ Delete  
STREET ADDRESS **MENIN DEVELOPMENT COMPANIES, INC.**  
CITY-ST-ZIP **201 N. U.S. HIGHWAY 1, SUITE D-5  
JUPITER FL 33477**

TITLE NAME **Craig I. Menin** ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED**

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

Date

Daytime Phone #

**1-6-03 561-747-4883**

CR2E083 (10/02)