2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #-E0100001353

LANCER CONSULTING, L.L.C.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90686 012 ****50.00

NAME STREET ADDRESS CITY-ST-ZIP RALMAREACH-CHARDENS FL 33410 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM				No. of the last						
Suite, Apt. #, etc. City & State A. FEI Number 65-1074511 Applied For Not Applied Zip Country Zip Country S. Certificate of Status Deaired \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TARONE, THEODORE T JR. ESO 180 ROYAL PALM WAY SUITE 201 Street Address (P.O. Box Number is Not Acceptable) St	180 ROYAL PAL 203	M WAY	180 ROYAL PALM WAY 203		1111111	III 64 66 81 116 II 60 II 116 I		21 000 121 0 4 0 1	188 (188 1 88 1	
City & State City & State City & State City & State Country C	2. Principal Pl	lace of Business	3. Mailing Address							
Not Applied Status Statu	Suite, Apt. #, etc. Suite, Apt. #, e			#, etc.		CHECK HERE IF MAKING CHANGES				
St. Ocustry Country Country S. Certificate of Status Desired St	City & State	e	City & State	City & State		ber 65-107451	1			
TARONE, THEODORE T JR. ESQ 180 ROYAL PALM WAY SUITE 201 PALM BEACH FL 33480 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence the obligations of registered agent. SIGNATURE Signature, types or primed name of registered agent agent agent sepalaris required when rerestarral to the purpose of changing its registered agent ag	Zip Country Zip			Country	5. Certificat	te of Status Desired		5.00 Add	itional	
TARONE, THEODORE T JR. ESQ 180 ROYAL PALM WAY SUITE 201 PALM BEACH FL 33480 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 accidence of registered agent. SIGNATURE FILE NOW!!! FEE IS \$50.00	O Nimo and Address of Committee			L	7 Name on	Address of New P				
SITE 201 PALM BEACH FL 33480 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accomplished agent and title if applicable. SIGNATURE Signature, hipsed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when remasting) DATE		6. Name and Address of Current	Hegistered Agent	Name	7. Name an	IQ AUGIESS OF NEW A	egiatered Ag	jent	· -	
SUITE 201 PALM BEACH FL 33480 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidented agent and still if applicable. SIGNATURE Signature, hyped or printed nemo of registered agent and still if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00		•								
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. SIGNATURE Signature. byead or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) P. MANAGING MEMBERS/MANAGERS TITLE MAGR SCHLANGER, RICHARD M SCHLANGE	SUIT	E 201		_ =	سين سيسيد هوڙيندن					
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) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS TITLE MGR SCHLANGER, RICHARD M STREET ADDRESS CITY-ST-ZP RAILM SECH CARDENS FL 33410 TITLE MGR MGR MCGRUDER, SHAUN L STREET ADDRESS CITY-ST-ZP WEST PALM BEACH FL 33405 TITLE MGR MCR MCR MCR MCR MCR MCR MCR MCR MCR MC	PALI	M BEACH FL 33480		City			FL	Zip Cod	e	
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) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS TITLE MGR SCHLANGER, RICHARD M STREET ADDRESS CITY-ST-ZP RAILM SECH CARDENS FL 33410 TITLE MGR MGR MCGRUDER, SHAUN L STREET ADDRESS CITY-ST-ZP WEST PALM BEACH FL 33405 TITLE MGR MCR MCR MCR MCR MCR MCR MCR MCR MCR MC	8 The above	named entity submits this statement for	or the nurpose of changing its	registered office or reg	stered agent, or b	oth, in the State of Flo		niliar with,	and accept	
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 MGR SCHLANGER, RICHARD M STREET ADDRESS CITY-ST-ZIP TITLE MGR MGR MCGRUDER, SHAUN L STREET ADDRESS CITY-ST-ZIP TITLE MGR MCR MCGRUDER, SHAUN L STREET ADDRESS CITY-ST-ZIP TITLE MGR MGR MCR MCR MCR MCR MCR MCR MCR MCR MCR MC			or the purposes or origing ne	Togister or tog						
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 MGR SCHLANGER, RICHARD M STREET ADDRESS CITY-ST-ZIP TITLE MGR MGR MCGRUDER, SHAUN L STREET ADDRESS CITY-ST-ZIP TITLE MGR MCR MCGRUDER, SHAUN L STREET ADDRESS CITY-ST-ZIP TITLE MGR MGR MCR MCR MCR MCR MCR MCR MCR MCR MCR MC	SIGNATI IRE									
Make Check Payable to Florida Department of State Due By May 1, 2003 9.	OIGHATOTIC S	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature re-	quired when reinstating)		DATE			
TITLE MGR NAME SCHLANGER, RICHARD M STREET ADDRESS CITY-ST-ZIP RAUMSEACH-CARRIENS FL 33410 TITLE NAME MCGRUDER, SHAUN L STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME WARD, NATHAN S STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE NAME NAME NAME NAME NAME NAME NAME NAM			Make Check Payab	le to Florida Depart						
NAME STREET ADDRESS CITY-ST-ZIP RALMAREACH-CHARDENS FL 33410 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS	/CHANGES			
TITLE MGR Delete TITLE NAME NAME MCGRUDER, SHAUN L STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE MGR NAME WARD, NATHAN S STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR TITLE MGR TITLE NAME NAME NAME NAME NAME NAME NAME NAME	TITLE		☐ Delete		•				☐ Addition	
TITLE MGR Delete TITLE NAME NAME MCGRUDER, SHAUN L STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE MGR NAME WARD, NATHAN S STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR TITLE MGR TITLE NAME NAME NAME NAME NAME NAME NAME NAME	NAME			NAME 7	18 Bear	-'s Club '	Drive			
TITLE MGR Delete TITLE NAME NAME MCGRUDER, SHAUN L STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE MGR NAME WARD, NATHAN S STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR TITLE MGR TITLE NAME NAME NAME NAME NAME NAME NAME NAME	i		.440	STREET ADDRESS	Conitor	E) 224	JAN 1			
NAME NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE NAME WARD, NATHAN S STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE NAME TITLE NAME NAME NAME NAME NAME NAME NAME NAM	CITY-ST-ZIP				inhige!	rr. 339			- Addition	
STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE NAME STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE MGR TITLE MGR Delete TITLE NAME NAME NAME NAME NAME NAME NAME NAM			☐ Delete					Unange	L Addition	
CITY-ST-ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIP TITLE MGR WARD, NATHAN S STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE MGR TITLE MGR TITLE MGR TITLE MGR TITLE MGR TITLE NAME NAME NAME NAME NAME NAME NAME NAM										
TITLE MGR Delete TITLE NAME WARD, NATHAN S STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE MGR Delete TITLE NAME HARPEL, JAMES W Delete NAME										
NAME WARD, NATHAN S STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE NAME HARPEL, JAMES W NAME NAME NAME NAME NAME NAME NAME NAM			□ Delete				**	☐ Channe	☐ Addition	
STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 TITLE NAME HARPEL, JAMES W STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME		I *	□ Delete							
CITY-ST-ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIP TITLE MGR NAME HARPEL, JAMES W NAME CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP NAME				STREET ADDRESS	-					
TITLE MGR Delete TITLE Change Add		l .		CITY-ST-ZIP						
NAME HARPEL, JAMES W	TITLE		☐ Delete	TITLE				☐ Change	Addition	
				NAME						
STREET ADDRESS 324 EDEN ROAD STREET ADDRESS										
CITY-ST-ZIP WEST PALM BEACH FL 33480 CITY-ST-ZIP	CITY-ST-ZIP	WEST PALM BEACH FL 33480		CITY-ST-ZIP						
Delete The			☐ Delete ·					∐ Change	☐ Addition	
NAME NAME										
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP										
Change Add			□ Dalata			•		☐ Change	Addition	
TITLE Delete TITLE Change Adul			□ Delete		- ••					
STREET ADDRESS STREET ADDRESS										
CITY-ST-ZIP CITY-ST-ZIP					• •		• •			
11. I hereby certify that the information supplied with this filling 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	44 15	l								

SIGNATURE: SOMEWIPE REQUIRED

3-20-03

Davima Phone #