

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90022 034 ***150.00

DOCUMENT # L01000001711

1. Entity Name

THE BOULEVARD SHOPPES, L.L.C.



Principal Place of Business

~~1100 S.W. ST. LUCIE WEST BLVD., STE. 200~~
~~PORT ST LUCIE FL 34986~~

Mailing Address

~~1100 S.W. ST. LUCIE WEST BLVD., STE. 200~~
~~PORT ST LUCIE FL 34986~~

2. Principal Place of Business

6698 S US Highway 1
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7696
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Port St. Lucie FL

City & State

Port St. Lucie FL

4. FEI Number

65-1110711

Applied For

Not Applicable

Zip

34952

Country

Zip

34915-7696

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAVAREETA, STEPHEN ESQ.
NAVARETTA & NAVARETT, ATTORNEYS AT LAW
1100 S.W. ST. LUCIE WEST BLVD., STE. 203
PORT ST. LUCIE FL 34986

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

Handwritten Signature
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **SNYDER, WARD**
STREET ADDRESS **16 HERONS NEST**
CITY-ST-ZIP **STUART FL**

TITLE **MGRM** ☐ Delete
NAME **SNYDER, LEONARD**
STREET ADDRESS **16 HERONS NEST**
CITY-ST-ZIP **STUART FL**

TITLE **MGRM** ☐ Delete
NAME **KELLER, JAY**
STREET ADDRESS **2640 SW RIVER SHORES DRIVE**
CITY-ST-ZIP **PT. ST. LUCIE FL 34984**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Handwritten Signature
SIGNATURE REQUIRED

2-11-03

772-466-2666

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

Date

Daytime Phone #

CR2E083 (10/02)