

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

01-31-2002 90026 018 *****55.00

DOCUMENT # L01000001872

1. Entity Name

HALLIDAY FAMILY CHILDREN'S RANCHO-MARGATE, L.L.C

Principal Place of Business

**2900 NORTH STATE ROAD 7
MARGATE FL 33063**

Mailing Address

**2900 NORTH STATE ROAD 7
MARGATE FL 33063**

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

65-1097082

Applied For

Not Applicable

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

**HALLIDAY, ROBERT III
3019 HARBOUR DRIVE, APT. 3
FORT LAUDERDALE FL 33316**

Name **DAVID M. GAYNES, ESQUIRE**

Street Address (P.O. Box Number is Not Acceptable)
7153 Catania Drive

City **Boynton Beach**

FL

Zip Code
33437

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.

SIGNATURE *David M. Gaynes*
Signature, typed or printed name of registered agent and title if applicable

David M. Gaynes, Esquire 1/14/2002

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **ROBERT HALLIDAY III**
STREET ADDRESS **10097 Cleary Blvd. #277**
CITY-ST-ZIP **Plantation, Florida 33323**

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

TITLE **S** ☐ Delete
NAME **WILLIAM HALLIDAY**
STREET ADDRESS **10097 Cleary Blvd. #22**
CITY-ST-ZIP **Plantation, Florida 33323**

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

TITLE **T** ☐ Delete
NAME **ROBERT HALLIDAY IV**
STREET ADDRESS **10097 Cleary Blvd. #22**
CITY-ST-ZIP **Plantation, Florida 33323**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

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

ROBERT HALLIDAY (561) 733-1669 1/14/2002

Date

Daytime Phone #

CR2E083 (9/01)