

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90240 023 \*\*\*\*50.00

**DOCUMENT # L01000002265**

1. Entity Name

**NORD FAMILY ASSOCIATES, L.L.C.**

Principal Place of Business

7933 NW 71ST STREET  
 MIAMI FL 33166

Mailing Address

7933 NW 71ST STREET  
 MIAMI FL 33166

80643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**308 SOMBRERO Bch. RD.**

Suite, Apt. #, etc.

City & State  
**2**  
**MARATHON, Florida**

Zip

**33050**

Country

**MONROE**

3. Mailing Address

**308 SOMBRERO Bch. RD.**

Suite, Apt. #, etc.

City & State  
**2**  
**MARATHON, Florida**

Zip

**33050**

Country

**MONROE**

4. FEI Number

**65-1076828**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FIELDSTONE, RONALD**  
**201 ALHAMBRA CIRCLE**  
**SUITE 601**  
**CORAL GABLES FL 33134**

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.

SIGNATURE

*John W. Nord*

Signature and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-11-02**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGER**  Delete  
 NAME **JOHN W. NORD**  
 STREET ADDRESS **308 SOMBRERO BEACH ROAD #2**  
 CITY-ST-ZIP **MARATHON, FL. 33050**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  Change  Addition  
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 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:

*John W. Nord*

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

**4-11-02**

DATE

**305-743-5041**

DAYTIME PHONE #

CR2E083 (9/01)