

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90026 016 \*\*\*\*50.00

**DOCUMENT # L01000003024**

1. Entity Name

**THOMAS FAMILY VENTURES, LLC**



Principal Place of Business

Mailing Address

**520 BRICKELL KEY DR., UNIT 1107  
MIAMI FL 33131**

**520 BRICKELL KEY DR., UNIT 1107  
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

**434 W 43 ST**

**434 W 43 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI BEACH, FL**

City & State

**MIAMI BEACH, FL**

Zip

**33140**

Country

**USA**

Zip

**33140**

Country

**USA**

4. FEI Number **NOT APPLICABLE**

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

7. Name and Address of New Registered Agent

**WARFEL, TIMOTHY J  
2015 CENTRE POINTE BLVD., STE. 105  
TALLAHASSEE FL 32308**

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

Signature, typed or printed name of registered agent and title if applicable. (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 **MGR** ☐ Delete  
NAME **THOMAS, WILLIAM E**  
STREET ADDRESS **520 BRICKELL KEY DR #1107**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **434 W 43 ST**  
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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] SIGNATURE REQUIRED**

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

**3/7/03**

**305-695-0169**

Date

Daytime Phone #

CR2E083 (10/02)