## 2003 LIMITED LIABILITY COMPANY

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L0100003181

1. Entity Name

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Principal Place of Business	Mailing Address  ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH FL 33401		
ONE NORTH CLEMATIS STREET SUITE 305 WEST PALM BEACH FL 33401			
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
1			

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DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA



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Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 65-1112865 Applied For Not Applicable				
Zip	-	Country	Zip	Country	5. Certificate of Status Desired   \$5.00 Additional Fee Required			
	6. Name at	nd Address of Current R	egistered Agent	7. Name and Address of New Registered Agent				
WIENER, DAVID J ONE NORTH CLEMATIS ROAD SUITE 305 WEST PALM BEACH FL 33401				Nam Stree				
				City	FL Zip Code			
8. The above named entity sulfinite 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 gent.  SIGNATURE  Signature larged or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE								
9.		MANAGING MEMBER	Make Check Payable Due	W!!! FEE IS to Florida I By May 1, 2	epartment of \$3ate0/0301077005 **50.00			
TITLE	MGR	WALLAND CHE			ADDITIONS/CHANGES			
NAME		IOHN W S	☐ Delete	TITLE NAME	☐ Change ☐ Addition			
STREET AODRESS CITY-ST-ZIP	STREET ADDRESS ONE NORTH CLEMATIS STREET, SUITE 305		STREET ADDRES	5				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		.VID H CLEMATIS STREET, M BEACH FL 33401	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS	MGR BERNICK, L	ARRY	☑ Delete	TITLE NAME STREET ADDRES	MGR Change Addition Hamilton, Tom			
CITY-ST-ZIP	WEST PALM BEACH FL 33401			CITY-ST-ZIP	One North Clematis Street, Suite 305 West Palm Beach, FL 33401			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IAN 1 Clematis Street, 1 Beach FL 33401	□ Delete  SUITE 305	TITLE NAME STREET ADDRES CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME			☐ Delete	TITLE	☐ Change ☐ Addition			

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

UTHORIZED REPRESENTATIVE

Delete

<u>26-03</u>

<u>561-835-1810</u>

☐ Change

☐ Addition