

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -6 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L01000003764

1. Entity Name

OPEN SKY TRAPEZE, LLC



Principal Place of Business

Mailing Address

8615 FLORIDA ROCK ROAD  
ORLANDO FL 32824

8615 FLORIDA ROCK ROAD  
ORLANDO FL 32824

2. Principal Place of Business

322 E. Central Blvd

Suite, Apt. #, etc.

Ste 713

City & State

Orlando FL

Zip

32801

Country

Orange

3. Mailing Address

322 E. Central Blvd

Suite, Apt. #, etc.

Ste 713

City & State

Orlando, FL

Zip

32801

Country

Orange



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3706085

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRATT, JAMES R

369 N. NEW YORK AVE.

WINTER PARK FL 32789

Name

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

500025532079

10/06/03--01077--010 \*\*55.00

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME FRASER, JILLIAN  
STREET ADDRESS 8615 FLORIDA ROCK ROAD  
CITY-ST-ZIP ORLANDO FL 32824 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

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

9/20/03 407 716 1483

Date

Daytime Phone #

CR2E083 (4/03)