1/11/02-90002-032-$5(

FILED
Feb 13, 2002 8:00 am
Secretary of State
01-11-2002 90002 032 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004028

1. Entity Name
GREGG FAMILY, L.L.C.

Principal Place of Business	Mailing Address
100 LAKESHORE DRIVE #1553 NORTH PALM BEACH FL 33408	100 LAKESHORE DRIVE #1553 NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

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 56-1972889 ☐ 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
GREGG, DAVID F 100 LAKESHORE DRIVE #1553 NORTH PALM BEACH FL 33408	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 ______
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DAVID F. GREGG 100 LAKESHORE DRIVE #1553 NORTH PALM BEACH, FL 33408 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DAVID F GREGG 100 LAKESHORE DRIVE #1553 NORTH PALM BEACH, FL 33408 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ANITA S. GREGG 100 LAKESHORE DRIVE #1553 NORTH PALM BEACH, FL 33408 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ANITA S GREGG 100 LAKESHORE DRIVE #1553 NORTH PALM BEACH FL 33408 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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: David F Gregg Jan 4, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE · Date · Daytime Phone #