


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90273 025 ****50.00

0006341

DOCUMENT # L01000005579	
1. Entity Name HENDERSON FAMILY ENTERPRISES, LLC	

Principal Place of Business 506 MARIPOSA ST. ORLANDO FL 32801	Mailing Address 506 MARIPOSA ST. ORLANDO FL 32801
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2. Principal Place of Business P.O. Box 2617	3. Mailing Address P.O. Box 2617
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINDERMERE, FL	City & State WINDERMERE, FL
Zip 34786	Zip 34786
Country USA	Country USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent HUMPHRIES, J. GREGORY 300 S. ORANGE AVE., STE. 1000 ORLANDO FL 32801		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P HENDERSON, J. SCOTT 506 MARIPOSA ST. ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST HENDERSON, NANCY G 506 MARIPOSA ST. ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **4/28/03 407-876-6099**
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)