

2002 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-23-2002 90049 044 ****55.00

DOCUMENT # L01000005805

1. Entity Name

TALBOTT FAMILY I, LLC

Principal Place of Business

**140 NORTH FEDERAL HIGHWAY
2ND FLOOR
BOCA RATON FL 33432**

Mailing Address

**140 NORTH FEDERAL HIGHWAY
2ND FLOOR
BOCA RATON FL 33432**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

SSN

4. FE Number

267-17-7442

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALADINO, RICHARD
505 SOUTH FLAGLER DRIVE
SUITE 1330
WEST PALM BEACH FL 33401**

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
**MGRM
TALBOTT, GREGORY K
140 NORTH FEDERAL HIGHWAY, 2ND FLOOR
BOCA RATON FL 33432**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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 606, Florida Statutes.

SIGNATURE:

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

1-18-02

Date

Daytime Phone #

CR2003 (9/01)