

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90082 037 ****50.00

DOCUMENT # L01000006100

1. Entity Name

CARDINAL DEVELOPMENT OAKBROOK LLC



Principal Place of Business

701 S.E. 2ND CT.
FT LAUDERDALE FL 33301

Mailing Address

701 S.E. 2ND CT.
FT LAUDERDALE FL 33301

2. Principal Place of Business

5300 NW 12 Avenue

Suite, Apt. #, etc.

#1

3. Mailing Address

5300 NW 12 Avenue

Suite, Apt. #, etc.

#1

City & State

Font Lauderdale, FL

City & State

Font Lauderdale, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-1093888

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
MERCER, LEONARD

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

5300 NW 12 Avenue #1

City

Font Lauderdale

FL

Zip Code

33309

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

Leonard Mercer

4-23-2003

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	MERCER, LEONARD	
STREET ADDRESS	701 S.E. 2ND CT.	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	DANAN, PATRICK	
STREET ADDRESS	701 S.E. SECOND COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCER LEONARD	
STREET ADDRESS	5300 NW 12 Avenue, #1	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANAN, Patrick	
STREET ADDRESS	5300 NW 12 Avenue, #1	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CP2E083 (10/02)