

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90018 015 ****50.00

DOCUMENT # L01000007798

1. Entity Name

CENTURY CAPITAL PARTNERS, LLC



Principal Place of Business

**1501 SOUTH FLAGLER AVENUE, SUITE 6-H
 WEST PALM BEACH FL 33401**

Mailing Address

**1501 SOUTH FLAGLER AVENUE, SUITE 6-H
 WEST PALM BEACH FL 33401**

946985

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

65-1103105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ANTHONY, LAURA E ESQ.
 1501 SOUTH FLAGLER AVENUE, SUITE 6-H
 WEST PALM BEACH FL 33401**

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.

SIGNATURE

L E Anthony
 Signature, typed or printed name of registered agent and title if applicable

LAURA E. ANTHONY
 (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

TITLE NAME ☐ Delete
MANAGING MEMBER

STREET ADDRESS
 CITY-ST-ZIP
**LAURA E. ANTHONY
 1501 S. FLAGLER DR.**

TITLE NAME ☐ Delete
#6-H

STREET ADDRESS
 CITY-ST-ZIP
**WEST PALM BEACH, FL
 33401**

TITLE NAME ☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
MANAGING MEMBER

STREET ADDRESS
 CITY-ST-ZIP
**MICHAEL ANTHONY
 1501 S. FLAGLER DR**

TITLE NAME ☐ Delete
#6-H

STREET ADDRESS
 CITY-ST-ZIP
**WEST PALM BEACH, FL
 33401**

TITLE NAME ☐ Delete

STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

LAURA E. ANTHONY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

LAURA ANTHONY 4-11-02

Date

Daytime Phone #

561-514-0936

CR2003 (9/01)