

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1103105

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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

LAURA E. ANTHONY

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

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
#6-H
 STREET ADDRESS **WEST PALM BEACH, FL**
 CITY-ST-ZIP **33401**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
MANAGING MEMBER
MICHAEL ANTHONY
 STREET ADDRESS **1501 S. FLAGLER DR**
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
#6-H
 STREET ADDRESS **WEST PALM BEACH, FL**
 CITY-ST-ZIP **33401**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 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:

SIGNATURE Anthony

LAURA ANTHONY 4-11-02

561-514-0936

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

Date

Daytime Phone #

CR2E0R3 (9/01)