## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100008350

1. Entity Name

BREDER-EUREKA, LLC



FILED Apr 04, 2003 8:00 am Secretary of State 04-04-2003 90004 025 \*\*\*\*50.00

Principal Place of Business		Mailing Address					
845 GULF PAVILLION DRIVE #106 NAPLES FL 34108		845 GULF PAVILLION DRIVE #106 NAPLES FL 34108					
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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number NOT	APPLICABLE		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Status De		5.00 Add ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address o	New Registered A	gent	
NICI, JAMES R 3001 TAMIAMI TRAIL NORTH SUITE 100 NAPLES FL 34103			1185 Imi	. Nici, c/o Cox & Nic mokalee Road, Suite FL 34110	i —	Zip Code	
8. The above	named entity submits this statement for	egistered office or registe	ered agent, or both, in the Sta	te of Florida. I am fa	miliar with, a	and accept	
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.  4-/-03							
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
(		W!!! FEE IS \$50.00					
			By May 1, 2003				
9.	MANAGING MEMBE	 RS/MANAGERS	10.	ADD	ITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	BREDER, RICHARD F SR.		NAME				
STREET ADDRESS	845 GULF PAVILLION DRIVE #1	06	STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE				☐ Addition (
STREET ADDRESS						Change	
CITY-ST-ZIP			NAME STREET ADDRESS			☐ Change	
			NAME			☐ Change	
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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.

OR AUTHORIZED REPRESENTATIVE

Daytime Phone #