

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92173 011 *****50.00

DOCUMENT # L01000008914

1. Entity Name

6846 OKEECHOBEE BOULEVARD, LLC



Principal Place of Business

12555 ORANGE DRIVE

#101

FORT LAUDERDALE FL 33330

Mailing Address

12555 ORANGE DRIVE

#101

FORT LAUDERDALE FL 33330

2. Principal Place of Business

7901 SW 6CT

Suite, Apt. #, etc.

STE 150A

City & State

PLANTATION FL

Zip

33324

Country

BROWARD

3. Mailing Address

7901 SW 6CT

Suite, Apt. #, etc.

STE 150A

City & State

PLANTATION FL

Zip

33324

Country

BROWARD



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1127713**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARDNER, FRANK C

12555 ORANGE DRIVE #101

DAVE FL 33330

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee 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 **PD** ☐ Delete
NAME **GARDNER, FRANK C**
STREET ADDRESS **3200 SW 116 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

TITLE **D** ☐ Delete
NAME **BRISCOLL, JOHN W**
STREET ADDRESS **FIRST NAT'L BANK BLDG.**
CITY-ST-ZIP **SAINT PAUL MN 55101**

TITLE **V** ☐ Delete
NAME **GARDNER, PETER C**
STREET ADDRESS **3200 SW 116 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

TITLE **V** ☐ Delete
NAME **GARDER, COURTNEY E**
STREET ADDRESS **3200 SW 116 AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

TITLE **SD** ☐ Delete
NAME **FITZGERALD, LORETTE L**
STREET ADDRESS **541 SW 178 WAY**
CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **7901 SW 6CT STE 150A**
STREET ADDRESS **PLANTATION FL 33324**
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

CR2E083 (10/02)

0055975