

2002 UNIFORM BUSINESS REPORT (UBR)

\$50.00
FEB 14 2007

DOCUMENT # L01000009480

1. Entity Name
MONTREUX PARTNERS, LLC

FILED

02 JUN 21 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2758 SUMMERLAND DRIVE
CLEARWATER FL 33761

Mailing Address
2758 SUMMERLAND DRIVE
CLEARWATER FL 33761

2. Principal Place of Business
2758 Summerdale Dr.
Suite, Apt. #, etc.

3. Mailing Address
2758 Summerdale Dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Clearwater

City & State
Clearwater

4. FEI Number
39-3724995

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip Country
33761 USA

Zip Country
33761 USA

6. Name and Address of Current Registered Agent
WATERS, CODY W.
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

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
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

200005393602--5
-04/30/02--01065--006
*****200.00 *****50.00

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER DAVID SMART 2758 Summerdale Drive Clearwater, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.

SIGNATURE: SIGNATURE REQUIRED

5-22-02 (727) 726-6122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)