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

## DOCUMENT # L0100009869

Entity Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STEPELTON PROPERTIES, LLC



FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90004 034 \*\*\*\*50.00

|  |                                 |                                     |  |               | CO WE THE  |                       |  |             |   |             |  |
|--|---------------------------------|-------------------------------------|--|---------------|--|-----------------------|--|-------------|---|-------------|--|
| Principal Plac   | e of Busines                    | s                                   | Mailing Address                                      |               |  |                       |  |             |   |             |  |
| 5110 NORTH FEDERAL HIGHWAY<br>FT LAUDERDALE FL 33308         |                                 |                                     | 5110 NORTH FEDERAL HIGHWAY<br>FT LAUDERDALE FL 33308 |               |  |                       |  |             |   |             |  |
|  |                                 |                                     |  |               | •  |                       |  |             |   |             |  |
| 2. Principal P   | Place of Busin                  | ess                                 | 3. Mailing Address                                   |               |  |                       |  |             |   |             |  |
| Suite, Apt. #, etc.  |                                 |                                     | Suite, Apt. #, etc.                                  |               |  |                       | CHECK HERE IF MAKING CHANGES   |             |   |             |  |
| City & State   |                                 |                                     | City & State   |               |  | 4. FEI Numi           | <sup>per</sup> 65-1112566  |             | <del>                                    </del> | oplied For  |  |
| Zip Country  |                                 |                                     | Zip Country  |               |  |                       |  | \$5.00 Add  | ditional  |             |  |
|  | 6. Name                         | and Address of Current              | Registered Agent                                     |               |  | 7. Name an            | d Address of New Re  |             |   | -           |  |
|  |                                 |                                     | 7 7 way 184 (1944)                                   |               | Name   |                       | ~ 2. ~   |             |   |             |  |
| STEPELTON, DOUGLAS 5110 N FEDERAL HWY FT LAUDERDALE FL 33308 |                                 |                                     |  |               | Street Address (P.O. Box Number is Not Acceptable) |                       |  |             |   |             |  |
| F1 L   | AUDERDAL                        | E FL 33308                          |  |               |  |                       |  |             |   |             |  |
|  |                                 | •                                   |  |               | City   |                       |  | FL          | Zip Cod   | le          |  |
|  | named entity<br>ions of registe |                                     | or the purpose of changing i                         | ts register   | ed office or regist                                | ered agent, or be     | oth, in the State of Flori   | da. I am fa | miliar with,                                    | and accept  |  |
| SIGNATURE .  |                                 |                                     |  |               |  |                       |  |             |   |             |  |
| SIGNATORE .  | Signature, typed                | or printed name of registered agent | and title if applicable. (NO                         | TE: Registere | d Agent signature requi                            | red when reinstating) |  | DATE        |   |             |  |
|  |                                 |                                     |  |               | FEE IS \$50.00                                     |                       | •  |             |   |             |  |
|  |                                 |                                     | Make Check Paya                                      |               |  | ent of State          |  |             |   |             |  |
|  |                                 | 141110 DIO 4451455                  |  |               | ay 1, 2003   |                       |  |             |   |             |  |
| 9.<br>TITLE  | MGR                             | MANAGING MEMBE                      |  | 10.           | - T  |                       | ADDITIONS/C  |             | Channe  | ☐ Addition  |  |
| NAME   |                                 | ON, DOUGLAS                         | ☐ Delete   | TITL          |  |                       |  |             | Change  | ☐ Addition  |  |
| STREET ADDRESS   |                                 | RTH FEDERAL HIGHW                   | ΔΥ   |               | EET ADDRESS  |                       |  |             |   |             |  |
| CITY-ST-ZIP  |                                 | ERDALE FL 33308                     | Al .   | CITY          | '-ST-ZIP   |                       |  |             |   |             |  |
| TITLE  |                                 |                                     | ☐ Delete   | TITL          | E  |                       |  |             | ☐ Change  | ☐ Addition  |  |
| NAME   | 1                               |                                     |  | NAM           | 1  |                       |  |             |   |             |  |
| STREET ADDRESS   |                                 |                                     |  |               | ET ADDRESS   |                       |  |             |   |             |  |
| CITY-ST-ZIP  |                                 |                                     |  | CITY          | -ST-ZIP  |                       |  |             |   |             |  |
| TITLE<br>NAME  |                                 | . <u>.</u> .                        | ☐ Delete   | TITLI         |  |                       |  | İ           | ☐ Change  | ☐ Addition  |  |
| STREET ADDRESS   |                                 | and the second second               | يسهيد والمساور ويوسيو سيتحمد                         |               | ET ADDRESS   | المناسبة              | or the country of the |             |   | <del></del> |  |
| CITY-ST-ZIP  |                                 |                                     |  |               | -ST-ZIP  |                       |  |             |   |             |  |
| TITLE  |                                 |                                     | ☐ Delete   | TITLE         | E  |                       |  |             | ☐ Change  | ☐ Addition  |  |
| NAME   |                                 |                                     |  | NAM           |  |                       |  | ,           |   |             |  |
| STREET ADDRESS   |                                 |                                     |  | STRE          | ET ADDRESS   |                       |  |             |   |             |  |
| CITY-ST-ZIP  |                                 | - 111                               | w  | CITY          | -ST-ZIP  |                       |  |             |   |             |  |
| TITLE  |                                 |                                     | ☐ Delete   | TITLE         | 4  |                       |  | - 1         | ☐ Change  | Addition    |  |
| NAME   |                                 |                                     |  | NAM           | r 1  |                       |  |             |   |             |  |

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.

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATION OF THE PROPERTY OF THE PROPER

Date 1,203 954-71/-33

☐ Change

Addition