

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90026 006 \*\*\*\*55.00

**DOCUMENT # L01000010292**

1. Entity Name

**FLORIDA CAPITAL NETWORK, L.L.C.**



Principal Place of Business

**4301-E FORTUNE PLACE  
WEST MELBOURNE FL 32904**

Mailing Address

**1900 S. HARBOR CITY BLVD., SUITE 328  
MELBOURNE FL 32901**

**30055045**



2. Principal Place of Business

**1900 S HARBOR CITY BLVD**

3. Mailing Address

**1900 S HARBOR CITY BLVD**

Suite, Apt. #, etc.

**SUITE 215A**

Suite, Apt. #, etc.

**SUITE 215A**

City & State

**MELBOURNE, FL**

City & State

**MELBOURNE, FL**

Zip

**32901**

Country

Zip

**32901**

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**16-1627229**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANCILIA, JOHN R ESQ.  
1800 WEST HIBISCUS BLVD.  
SUITE 138  
MELBOURNE FL 32901**

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 title 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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BUFFINGTON, NED  
412 HIBISCUS TR.  
MELBOURNE BEACH FL 32951**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ORLANDO, FRED  
180 BRY LYNN DRIVE  
W. MELBOURNE FL 32904**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BECKER, HOWARD  
4203 SPARROW HAWK DR.  
MELBOURNE FL 32934**

☐ Delete

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

TITLE  
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CITY-ST-ZIP  
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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: REQUIRED**

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

Date

Daytime Phone #

**9 Nov 03 321-308-0557**

CR2E083 (10/02)