

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90057 001 ***250.00

DOCUMENT # L01000010570

1. Entity Name
1930 D ROAD, LLC.

Principal Place of Business

**388 S MILITARY TRAIL
 WEST PALM BEACH FL 33415**

Mailing Address

**388 S MILITARY TRAIL
 WEST PALM BEACH FL 33415**

2. Principal Place of Business

8862 ESTATES Drive
 Suite, Apt. #, etc.

3. Mailing Address

8862 ESTATES Drive
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach FL

Zip
33411

Country
US

City & State
West Palm Beach FL

Zip
33411

Country
US

4. FEI Number
01-0548743

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KURTZ, JOHN
 388 S MILITARY TRAIL
 WEST PALM BEACH FL 33415**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MANAGER
HASTINGS PATRICIA M
8862 ESTATES DRIVE
West Palm Beach FL 33411

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]* **1/28/02** **561-718-8513**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)