


PAGE 1

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011072	
1. Entity Name GEOPOLIS L.L.C.	

Principal Place of Business 1333 N DUVAL ST TALLAHASSEE FL 32303	Mailing Address 1333 N DUVAL ST TALLAHASSEE FL 32303
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2. Principal Place of Business Ste. 302, East Bldg. No. 34/20 Cuba Ave & 34th Street Panama 5, Republic of Panama	3. Mailing Address Ste. 302, East Bldg. No. 34/20 Cuba Ave & 34th Street Panama 5, Republic of Panama		
City & State Panama 5, Republic of Panama	City & State		
Zip	Country	Zip	Country

FILED
03 AUG 11 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 1333 N DUVAL ST TALLAHASSEE FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAR GROUP FINANCE AND HOLDINGS, INC. STE 302, BLDG NO34/20, CUBA AVE & 34TH ST PANAMA CITY 5 PANAMA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100022218191 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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	8/1/03 302-421-5752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #

CR2E083 (10/02)

PAge 2
L01000011072

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 08-11-03

NAME: GEOPOLIS L.L.C.

TYPE OF FILING: 2003 UBR

COST:

RETURN:

FILED
03 AUG 11 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 AUG 11 PM 1:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Paul Hodge