

1/15/0

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-15-2002 90036 001 ****50.00

DOCUMENT # L01000011350

1. Entity Name

BLUE FUNNEL PROPERTIES LLC

Principal Place of Business

19311 RIVERSIDE DRIVE
C/O CRAIG P. FIRING
TEQUESTA FL 33469

Mailing Address

19311 RIVERSIDE DRIVE
C/O CRAIG P. FIRING
TEQUESTA FL 33469

2. Principal Place of Business

390 Tequesta Dr
Suite, Apt. #, etc.

3. Mailing Address

1016 Clemons St
Suite, Apt. #, etc.

City & State

Tequesta FL

City & State

Jupiter FL

Zip

33469

Country

PB

Zip

33477

Country

PB

4. FEI Number

651120498

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

HAFT, STUART J ESQ.
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

01/08/02

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

9. MANAGING MEMBERS/MANAGERS

TITLE	CRAIG FIRING	<input type="checkbox"/> Delete
NAME	1016 Clemons St	
STREET ADDRESS	Jupiter FL 33477	
CITY - ST - ZIP		

TITLE	Niko A. Tomc	<input type="checkbox"/> Delete
NAME	1016 Clemons St	
STREET ADDRESS	Jupiter FL 33477	
CITY - ST - ZIP		

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

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CITY - ST - ZIP		

10. ADDITIONS/CHANGES

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

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CITY - ST - ZIP		

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

745 3734

CR2E083 (9/01)