

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92176 004 \*\*\*\*50.00

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<b>DOCUMENT # L01000012672</b>	
1. Entity Name <b>BJ&amp;W AT REMINGTON, LC</b>	



Principal Place of Business <del>205 SOUTH MAITLAND AVE., STE. 216 MAITLAND FL 32751</del>	Mailing Address <del>205 SOUTH MAITLAND AVE., STE. 216 MAITLAND FL 32751</del>
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2. Principal Place of Business <b>1053 Maitland Center Commons Blvd.</b>		3. Mailing Address <b>1053 Maitland Center Commons Blvd.</b>	
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc.	
City & State <b>Maitland FL</b>		City & State <b>Same</b>	
Zip <b>32751</b>	Country <b>USA</b>	Zip	Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3736777</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>WALKER, BERRY J JR ESQ WALKER &amp; TUDHOPE, P.A. 205 MAITLAND AVENUE SOUTH, STE. 216 MAITLAND FL 32751</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>1053 Maitland Center Commons Blvd.</b>	
Suite 200	
City <b>Maitland</b>	FL Zip Code <b>32751</b>

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b>	
<b>Make Check Payable to Florida Department of State</b>	
<b>Due By May 1, 2003</b>	

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>MGR WALKER, BERRY J JR. 205 SOUTH MAITLAND AVE., STE. 216 MAITLAND FL 32751</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1053 Maitland Center Commons Blvd. Suite 200 Maitland FL 32751</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:	<b>SIGNATURE REQUIRED</b>	<b>4/29/03 407-478-1866</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #

CR2E083 (10/02)