

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90576 038 \*\*\*\*50.00

**DOCUMENT # L01000012682**

1. Entity Name

**M2A PROPERTIES, L.L.C.**



Principal Place of Business

**450 OLD DIXIE HWY., STE. 2  
JUPITER FL 33458**

Mailing Address

**860 JUPITER PARK DRIVE  
UNIT #1  
JUPITER FL 33458**

2. Principal Place of Business

**860 Jupiter Park Drive**

3. Mailing Address

Suite, Apt. #, etc.

**Unit #1**

Suite, Apt. #, etc.

City & State

**Jupiter, FL**

City & State

Zip

**33458**

Country

**USA**

Zip

Country

4. FEI Number

**65-1129017**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GAMOT, ALBERT J JR.  
315 5TH STREET  
WEST PALM BEACH FL 33401**

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. 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

TITLE **MGR** ☐ Delete  
NAME **MACALUSO, ANTHONY JR.**  
STREET ADDRESS **450 SOUTH DIXIE HIGHWAY, STE. 2**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **860 Jupiter Park Drive, Unit #1**  
CITY-ST-ZIP **Jupiter, FL 33458**

TITLE ☐ Change ☒ Addition  
NAME **Partner**  
STREET ADDRESS **David Alker**  
CITY-ST-ZIP **860 Jupiter Park Dr., Unit #1**  
**Jupiter, FL 33458**

TITLE ☐ Change ☒ Addition  
NAME **Partner**  
STREET ADDRESS **Rebecca Grant Ascoli**  
CITY-ST-ZIP **860 Jupiter Park Dr., Unit #1**  
**Jupiter, FL 33458**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**Anthony Macaluso, Mgr.**

**1/10/03**

**561-745-1060**

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

Date

Daytime Phone #

CR2E083 (10/02)