

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90103 036 ***150.00

DOCUMENT # L01000013849

1. Entity Name
C M B P DEVELOPMENT, L.L.C.



Principal Place of Business

**503 W. CENTRAL BLVD.
ORLANDO FL 32801**

Mailing Address

**503 W. CENTRAL BLVD.
ORLANDO FL 32801**

2. Principal Place of Business

20 N. DIVISION AVE.
Suite, Apt. #, etc.

3. Mailing Address

20 N. DIVISION AVE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FL

Zip Country
32801 ORANGE

City & State
ORLANDO FL

Zip Country
32801 ORANGE

4. FEI Number **59-3742609**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MULVANEY, BRIAN M
503 W. CENTRAL BLVD.
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
20 N. DIVISION AVE.
City **ORLANDO** **FL** Zip Code **32801**

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 **BRIAN M. MULVANEY MGRM** **2/5/03**
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 **MGRM** ☐ Delete
NAME **MULVANEY, KENNETH A**
STREET ADDRESS **% 503 W. CENTRAL BLVD.**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **MGRM** ☐ Delete
NAME **MULVANEY, BRIAN M**
STREET ADDRESS **% 503 W. CENTRAL BLVD.**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **20 N. DIVISION AVE.**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **20 N. DIVISION AVE.**
CITY-ST-ZIP **ORLANDO FL 32801**

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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: **BRIAN M. MULVANEY MGRM** **2/5/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)