

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90809 045 \*\*\*\*50.00

**DOCUMENT #**

1. Entity Name **L01000015383**  
**CONSTRUCTION PARTNERS LLC**



Principal Place of Business

777 YAMATO ROAD  
SUITE 111  
BOCA RATON FL 33431  
US

Mailing Address

777 YAMATO ROAD  
SUITE 111  
BOCA RATON FL 33431  
US

**30047504**

2. Principal Place of Business

**777 Yamato Rd**  
Suite, Apt. #, etc.  
**Suite 111**

3. Mailing Address

**777 Yamato Rd.**  
Suite, Apt. #, etc.  
**Suite 111**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Boca Raton FL**

City & State  
**Boca Raton FL**

4. FEI Number  
**65-1137435**

Applied For  
☐ Not Applicable

Zip  
**33431**

Country

Zip  
**33431**

Country

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

6. Name and Address of Current Registered Agent

**FRIEDMAN, MARK L**  
**777 YAMATO ROAD**  
**SUITE 111**  
**BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**777 Yamato Rd**  
**Suite 111**

City **Boca Raton**

FL

Zip Code  
**33431**

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]**

**3/27/03**

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

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>777 Yamato Rd, Suite 111</b>
CITY-ST-ZIP	<b>Boca Raton FL 33431</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>777 Yamato Rd, Suite 111</b>
CITY-ST-ZIP	<b>Boca Raton FL 33431</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **[Signature]**

**3/27/03** **561**  
**417-4500**