

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-13-2003 90002 010 \*\*\*\*50.00

**DOCUMENT # L01000015516**



1. Entity Name  
**C & J RIEDL LLC**

Principal Place of Business: **921 JEFFERSON AVE. #2A MIAMI BEACH FL 33139**  
Mailing Address: **921 JEFFERSON AVE. #2A MIAMI BEACH FL 33139**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **65-1137719** 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**

**RIEDL, JOHN CHARLES**  
**921 JEFFERSON AVE. #2A**  
**MIAMI BEACH FL 33139**

**7. Name and Address of New Registered Agent**

Name: **John C. Riedl IV**  
Street Address (P.O. Box Number is Not Acceptable): **921 Jefferson Ave #2A**  
City: **MIAMI BEACH** FL Zip Code: **33139**

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]* **John C. Riedl IV** DATE: **2/10/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**9. MANAGING MEMBERS / MANAGERS**

TITLE	<b>MGR</b> <input type="checkbox"/> Delete
NAME	<b>RIEDL, CECELIA</b>
STREET ADDRESS	<b>11574 BIRCHCREST DRIVE N.E.</b>
CITY-ST-ZIP	<b>BRainerd MN 56401</b>
TITLE	<input type="checkbox"/> Delete
NAME	<i>Managing member</i>
STREET ADDRESS	<b>John C. Riedl IV</b>
CITY-ST-ZIP	<b>921 Jefferson Ave #2A</b>
	<b>MIAMI BEACH FL 33139</b>
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 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
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **John C. Riedl IV** DATE: **2/10/03** 305-502-7448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #

CR2E083 (10/02)