

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016175

1. Entity Name

5070 N. FEDERAL HIGHWAY, L.L.C.



**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90578 009 \*\*\*\*50.00

Principal Place of Business

Mailing Address

2419 E. COMMERCIAL BLVD.  
SUITE 100  
FT. LAUDERDALE FL 33308

2419 E. COMMERCIAL BLVD.  
SUITE 100  
FT. LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

5070 N. Federal Highway  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Highhouse Point, FL

Zip  
33062

Country

Zip

Country

4. FEI Number 65-1139337

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLODIG, GREGORY J  
100 W. CYPRESS CREK ROAD  
SUITE 700  
FT. LAUDERDALE FL 33309

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LAMBERT, DANIEL  
2419 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MEZDEZ, CHRISTINA  
2419 E. COMMERCIAL BLVD.  
FT. LAUDERDALE FL 33308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
HEYDEN, CHRISTINA ☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Change ☐ 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:

*Signature Required*  
Signature and typed or printed name of signing managing member, manager, or authorized representative

4/6/03

954-630-9449

Date

Daytime Phone #

0023882

CR2E083 (10/02)