

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

05-21-2003 90019 035 \*\*\*\*50.00

DOCUMENT # L01000016743

1. Entity Name

HUNTINGTON INVESTMENT PARTNERS, L.L.C.



Principal Place of Business

1711 HAMPTON LANE  
PALM HARBOR FL 34683

Mailing Address

1711 HAMPTON LANE  
PALM HARBOR FL 34683

2. Principal Place of Business

10 Papaya Street

3. Mailing Address

10 Papaya Street

Suite, Apt. #, etc.

903

Suite, Apt. #, etc.

903

City & State

Clearwater, FL

City & State

Clearwater FL

Zip

33767

Country

USA

Zip

33767

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0386984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PUREDES, ANTONIO  
1711 HAMPTON LANE  
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name Paredes, Antonio

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

10 Papaya Street #903

City Clearwater

FL

Zip Code

33767

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 MGRM  
NAME PAREDES, ANTONIO ☐ Delete  
STREET ADDRESS 1711 HAMPTON LANE  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE MGRM  
NAME MAROTTOLI, ANTHONY ☐ Delete  
STREET ADDRESS 2454- MCMULLEN BOOTH RD.  
CITY-ST-ZIP CLEARWATER FL 33759

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  
CITY-ST-ZIP

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

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] SIGNATURE REQUIRED

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

5-1-03

Date

7275609876

Daytime Phone #

0065012