

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000016828**

1. Entity Name

2002 OKEECHOBEE ROAD ASSOCIATES, L.L.C. ✓

Principal Place of Business

**151 SAWGRASS CORNERS DRIVE, #202
PONTE VEDRA BEACH FL 32082**

Mailing Address

**151 SAWGRASS CORNERS DRIVE, #202
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3745549

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FERBER, PAUL S
151 SAWGRASS CORNERS DRIVE, #202
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent

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.

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 Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM FERBER, PAUL S 151 SAWGRASS CORNERS DRIVE, #202 PONTE VEDRA BEACH FL 32082			
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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**4/25/02 904 289-7600**

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

Date

Daytime Phone #

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90079 028 *****50.00

956673

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)