

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017086

1. Entity Name  
513 MARGARET STREET, LLC

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90258 009 \*\*\*\*55.00

Principal Place of Business  
C/O LINDA B. WHEELER, ESQ.  
1213 WHITE STREET  
KEY WEST FL 33040

Mailing Address  
C/O LINDA B. WHEELER, ESQ.  
1213 WHITE STREET  
KEY WEST FL 33040

905742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
513 MARGARET STREET

3. Mailing Address  
Same

Suite, Apt. #, etc.

City & State  
Key West FL

Zip  
33040

Country  
USA

4. FEI Number  
NOT APPLICABLE

Applied For  
☒ Not Applicable

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

## 6. Name and Address of Current Registered Agent

WHEELER, LINDA B ESQ.  
1213 WHITE STREET  
KEY WEST FL 33040

## 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

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

## 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	MGRM / MEMBER			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	NICHOLS, JAMES			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	3707 W. MAPLE RD			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	BLOOMFIELD HILLS, MI 48301			<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Linda Wheeler* (AUTHORIZED REPRESENTATIVE REQUIRED FOR MEMBER)

1/10/02

305/294-0683

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

Date Daytime Phone #

CR2E083 (9/01)