

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90189 022 ****50.00

DOCUMENT # L01000017265

1. Entity Name

SOUTHPOINT CONSTRUCTION, L.L.C.



Principal Place of Business

**500 THREE ISLAND BLVD
705
HALLANDALE BEACH FL 33309**

Mailing Address

**500 THREE ISLAND BLVD
705
HALLANDALE BEACH FL 33309**

2. Principal Place of Business

500 Three Islands Blvd

Suite, Apt #, etc.

312

City & State

Hallandale Beach FL

3. Mailing Address

500 Three Islands Blvd

Suite, Apt #, etc.

312

City & State

Hallandale Beach FL

Zip

33009

Country

USA

Zip

33009

Country

USA



☐ CHECK HERE IF MAKING CHANGES

FEI Number

30-0088777

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HENNAN, BRUCE
1401 E. BROWARD BLVD.
SUITE 208
FT. LAUDERDALE FL 33301**

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. 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	<input type="checkbox"/> Delete
NAME	HAHN, JAMES M	
STREET ADDRESS	500 THREE ISLAND BLVD., #705	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HALTN, PENNY	
STREET ADDRESS	500 THREE IS BLVD 705	
CITY-ST-ZIP	HALLANDALE BCH FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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
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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 REQUIRED

3-5-03

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

Date

Daytime Phone #

CR2E083 (10/02)