2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 11, 2002 8:00 am Secretary of State 06-23-2002 90505 028 ****50.00

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DOCUMENT # L01000018018

1. Entity Name

HEARTSTONE DEVELOPERS, L.L.C.

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Principal Place	e of Business	Mailing Addres	SS .	4.7					
357 EL GRECO OSPREY FL 34		357 EL GRECO OSPREY FL 34		•			3		
			•		1		Time.		1886 TEO 1886
2. Principal Place of Business 3		1	3. Mailing Address C/O Dominick Ca						
Suite, Apt.	#, etc.	Suite, Apt. #,	etc. hid Cour	-+		DO NOT WRIT	E IN THIS SPA	CE	
City & State		City & State Edison, NJ		4. FEL		lumber) - 0002781		Applied For Not Applicable	
Zip	Country	Zip 0882	O	•	5. Certif	icate of Status Desired	□ \$5.	.00 Add Required	litional d
	6. Name and Address of Current	<u> </u>			7. Name	and Address of New Ro	egistered Age	nt	
				Name					
TRACY, DENNIS J ESQ. 229 PENSACOLA RD.				Street Address (P.O. Box Number is Not Acceptable)					
VEN	ICE FL 34285								-
				City			FL	Zip Code	•
8. The above	named entity submits this statement for	the purpose of ch	anging its register	red office or regist	ered agent, o	or both, in the State of Flo	rida.		-
SIGNATURE _	Signature, typed or printed name of registered agent a	and title if epplicable.	(NOTE: Registere	ed Agent signature requi	ed when reinstate	ng)	DATE		
			FILE NOW!!!	FEE IS \$50.00)				
	•	Make C	heck Payable 1	to Department	of State				
			Due By M	lay 1, <u>2</u> 002					
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	714	HO/MANAGENO	10.			ADDITIONS/	CHANGES		· · · · · · · · · · · · · · · · · · ·
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000018018 1. Entity Name HEARTSTONE DEVELOPERS, L.L.C. Principal Place of Business Mailing Address 357 EL GRECO DR. 357 EL GRECO DR. OSPREY FL 34229 OSPREY FL 34229 2. Principal Place of Business 3. Mailing Address C/O Dominick Caccavell Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 14 Orchid Court City & State Edison, Cltv & State 4. FEI Number Applied For NJ 40 - 0002781 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 08820 6. Name and Address of Current Registered Agent he was und de af Hir., TRACY, DENNIS J ESQ. 229 PENSACOLA RD. VENICE FL 34285 8. The above named ontity submits this statement for the purpose of changing its register Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registere FILE NOW!!! | Make Check Payable t Due By Ma MANAGING MEMBERS/MANAGERS 9. 10. TITLE ☐ Delete TITLE MGRM NAME NAME Dominick Caccavella STREET ADDRESS STREE 14 Orchid Court CITY-CITY-ST-ZIP Edison, NJ 08820 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MGR Delete ☐ Addition TITLE ☐ Change TITLE Louis Castellanos NAME NAME 320 Warrenville Road STREET ADDRESS STREET ADDRESS 08812 Green Brook, NJ CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition TITLE Vito Lochiatto NAME NAME 9 Orchid Court STREET ADDRESS STREET ADDRESS 08820 CITY-ST-ZIP Edison, NJ CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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SIGNATURE: