

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90226 033 \*\*\*\*50.00

**DOCUMENT # L01000018941**

1. Entity Name

**QUARTERDECK BOYNTON BEACH, L.L.C.**

Principal Place of Business

**1200 NORTH FEDERAL HIGHWAY  
 SUITE 420  
 BOCA RATON FL 33432**

Mailing Address

**1200 NORTH FEDERAL HIGHWAY  
 SUITE 420  
 BOCA RATON FL 33432**

042108

2. Principal Place of Business

**1015 SE 16th St.**

3. Mailing Address

**1015 SE 16th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

4. FEI Number

**65-1150434**

Applied For

Not Applicable

Zip

**33316**

Country

**USA**

Zip

**33316**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RAYMOND, JOHN J JR.  
 1200 NORTH FEDERAL HIGHWAY  
 SUITE 420  
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **Flanigan, Paul B.**

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

**1015 SE 16th St.**

City **Ft. Lauderdale**

**FL**

Zip Code  
**33316**

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/27/02**  
 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	<b>MGR FLANIGAN, PAUL B 1015 SE 16TH STREET FT. LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Flanigan, Paul B. 1015 SE 16th St. Ft. Lauderdale, FL 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM BUFFALO HOLDINGS, INC. 658 W. Indiantown Rd # 204 Jupiter, FL 33458</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/27/02**

Date

**954-525-8042**

Daytime Phone #

CR2E083 (9/01)