

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90094 041 \*\*\*\*50.00

**DOCUMENT # L01000019036**

1. Entity Name

**315 MANAGEMENT, L.L.C.**



Principal Place of Business

P.O. BOX 7594  
JUPITER FL 33468-7594

Mailing Address

P.O. BOX 7594  
JUPITER FL 33468-7594

2. Principal Place of Business

**315 S. DIXIE Hwy**  
Suite, Apt. #, etc.  
**SUITE 101**

City & State

**W.P.B., FL.**

Zip  
**33401**

Country

3. Mailing Address

**315 S. DIXIE Hwy**  
Suite, Apt. #, etc.  
**SUITE 101**

City & State

**W.P.B., FL.**

Zip  
**33401**

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1152383**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHERRY, RICHARD G**  
**4400 PGA BLVD.**  
**SUITE 900**  
**PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name **JOHN J. HOECKER**  
Street Address (P.O. Box Number is Not Acceptable)  
**315 S. DIXIE Hwy #101**  
City **W.P.B.** **FL** Zip Code **33401**

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** ☐ Delete  
NAME **HOECKER, JOHN**  
STREET ADDRESS **18969 SE WINDWARD ISLAND LN**  
CITY-ST-ZIP **JUPITER FL 33458**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

**JOHN J. HOECKER**

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

Date

Daytime Phone #

**1/16/03 (561) 366 8424**

CR2E083 (10/02)