

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90106 002 \*\*\*\*50.00

**DOCUMENT # L01000020078**

1. Entity Name

**SOUTHEAST FLORIDA MANAGEMENT, LLC**

Principal Place of Business

**1172 S DIXIE HWY  
PMB 188  
CORAL GABLES FL 33146**

Mailing Address

**1172 S DIXIE HWY  
PMB 188  
CORAL GABLES FL 33146**

**961249**

2. Principal Place of Business

**3507 LOWSON BLVD**

3. Mailing Address

**3507 LOWSON BLVD**

Suite, Apt. #, etc.

**N/A**

Suite, Apt. #, etc.

**N/A**

City & State

**Delray Beach, Florida**

City & State

**Delray Beach, Florida**

Zip

**33445**

Country

**USA**

Zip

**33445**

Country

**USA**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOSS, PHILIP E JR ESQ  
1172 S DIXIE HWY  
PMB 188  
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name

**Ken Dunn, Esq.**

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

**11575 Heron Bay Blvd**

**Suite 309**

City

**Coral Springs**

**FL**

Zip Code

**33076**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/10/02**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**  
NAME **GOSS, PHILIP E JR ESQ** ☒ Delete  
STREET ADDRESS **1172 S DIXIE HWY PMB 188**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM**  
NAME **Daniel S. Young** ☒ Change ☐ Addition  
STREET ADDRESS **3507 LOWSON BLVD**  
CITY-ST-ZIP **Delray Beach, Fl. 33445**

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

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

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

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

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

CR2E083 (9/01)

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]*

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

**03/05/02 305 944-5724**