

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90322 026 ****50.00

DOCUMENT # L01000020366

1. Entity Name
FOX BROOK PARTNERS LLC



Principal Place of Business

**17607 WHITE FOX DR.
PARRISH FL 34219**

Mailing Address

**P.O. BOX 223
PARRISH FL 34219**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1159766**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELLS, LESLIE
17607 WHITE FOX DR.
PARRISH FL 34219**

Name **Wells, Leslie**
Street Address (P.O. Box Number is Not Acceptable) **17503 Howling Wolf Run**
City **Parrish** FL Zip Code **34219**

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 **Leslie Wells**

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **WELLS, LESLIE**
CITY-ST-ZIP **18204 COYOTE CREEK CT
PARRISH FL 34219**

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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **CHRISTIE, KATHERINE**
CITY-ST-ZIP **6604 RIVERVIEW BLVD
BRADENTON FL 34209**

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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **GIGLIOTTI, JOSEPH**
CITY-ST-ZIP **10504 US 41
PALMETTO FL 34221**

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

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **MERUCCI, LOUIS**
CITY-ST-ZIP **10504 US 41
PALMETTO FL 34221**

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
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: **Leslie Wells**

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

Date

Daytime Phone #

941-776-5155
1/18/03

CR2E083 (10/02)