


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90121 038 ****50.00

DOCUMENT # L01000020414

1. Entity Name
SALEX PROPERTIES, L.L.C.



Principal Place of Business Mailing Address

**423 HIAWATHA WAY
MELBOURNE BEACH FL 32951
US** **423 HIAWATHA WAY
MELBOURNE BEACH FL 32951
US**

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 **01-0576645** 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

**KOSTRO, VICTOR S
1825 RIVERVIEW DR.
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name **Jeanne E. Beaudoin**
Street Address (P.O. Box Number is Not Acceptable)
514 OCEAN AVE.
City **Melbourne Beach FL** Zip Code **32951**

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 *Jeanne E. Beaudoin* DATE **8/18/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM BEAUDOIN, RICHARD B	423 HIAWATHA WAY	MELBOURNE BEACH FL 32951	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *RICHARD B. BEAUDOIN* DATE **8/18/03** Daytime Phone # **321-427-0777**

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

CP2E083 (4/03)