

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

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90040 029 ****50.00

DOCUMENT # L01000021167

1. Entity Name

INFORMATION PARTNERS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 Jeffery St
Suite 303

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

4. FEI Number

02 054 2605

Applied For

Not Applicable

Zip

33487

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MALCOLM M' CARTHY

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

800 Jeffery Street Suite 303

City

Boca Raton

FL

Zip Code

33487

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 and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE GENERAL PARTNER, MANAGING MEMBER
NAME MALCOLM M' CARTHY
STREET ADDRESS 800 JEFFERY ST / #303
CITY-ST-ZIP BOCA RATON FL 33487

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**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

3/6/02

561-362-8227

CR2E083B (12/01)