

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

05-02-2003 90582 029 *****50.00

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

DOCUMENT # L01000021230

1. Entity Name
PARAMOUNT-CHERRY PROPERTIES, L.L.C.



Principal Place of Business
1947 MORRILL ST.
SARASOTA, FL 34236

Mailing Address
PO BOX 3379
SARASOTA, FL 34230

2. Principal Place of Business

3. Mailing Address

PO BOX 3319

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA, FL

Zip

Country

Zip

Country

34230



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0867685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCUS, ANDREW
1947 MORRILL ST.
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 KATHLEEN CARRILLO

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILED NOW!! FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CARRILLO, KATHLEEN
1947 MORRILL ST.
SARASOTA, FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MARCUS, ANDREW
1947 MORRILL ST.
SARASOTA, FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS / CHANGES

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

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

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4-22-03

CH2E063 (10/02)