

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90007 029 ****55.00

DOCUMENT # L01000022075

1. Entity Name

MURRAY BUSINESS ADVISORS, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

215 CELEBRATION PLACE

Suite, Apt. #, etc. **SUITE 500**
CELEBRATION, FL 34747

City & State

3. Mailing Address

215 CELEBRATION PLACE

Suite, Apt. #, etc. **SUITE 500**
CELEBRATION, FL 34747

City & State

DO NOT WRITE IN THIS SPACE

Zip

34747

Country

US

Zip

34747

Country

US

4. FEI Number

22-3340734

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL T MURRAY CAA

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

215 CELEBRATION PLACE

City

SUITE 500

FL

Zip Code

34747

CELEBRATION, FL 34747

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

4/11/02

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MANAGING MEMBER**
NAME **PAUL T. MURRAY**
STREET ADDRESS **215 CELEBRATION AVE.**
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MEMBER**
NAME **DIONET. MURRAY**
STREET ADDRESS **783 CELEBRATION AVE**
CITY-ST-ZIP **CELEBRATION, FL 34747**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MATTHEW T. MURRAY/MANAGER**
NAME **783 CELEBRATION AVE**
STREET ADDRESS **CELEBRATION, FL 34747**
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 #

4/11/02 **407 739 5701**

CR2E083B (12/01)