

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90198 032 ****50.00

DOCUMENT # L01000022294

1. Entity Name
CONDO PARTNERS, LLC

Principal Place of Business

Mailing Address

**24 OLD POST ROAD
 LONGWOOD FL 32779**

**24 OLD POST ROAD
 LONGWOOD FL 32779**

2. Principal Place of Business

2855 S. ATLANTIC AVE

Suite, Apt. #, etc.

3. Mailing Address

2855 S. ATLANTIC AVE

Suite, Apt. #, etc.

City & State

Daytona Beach Shores, FL

City & State

Daytona Beach Shores, FL

Zip

32118

Country

USA

Zip

32118

Country

USA

4. FEI Number

04-3605644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, DOUGLAS M

**24 OLD POST ROAD
 LONGWOOD FL 32779**

Name

Douglas M Cook

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

2855 S. ATLANTIC AVE

City

Daytona Beach Shores

FL

Zip Code

32118

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

Douglas M Cook

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
COOK, DOUGLAS M
24 OLD POST ROAD
LONGWOOD FL 32779

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
2855 S. ATLANTIC AVE
Daytona Beach Shores, FL 32118

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Delete

TITLE
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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 608, Florida Statutes.

SIGNATURE:

Douglas M Cook

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

Date

Daytime Phone #

CR2E083 (4/02)