


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0026967

|  |   |
|--|---|
| <b>DOCUMENT # L01000022634</b><br>1. Entity Name<br><b>MILL VALLEY LLC</b> |  |
|--|---|

**FILED**  
 03 MAY -2 PM 5:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| Principal Place of Business<br><b>222 LAKEVIEW AVE.<br/>         SUITE 800<br/>         WEST PALM BEACH FL 33401</b> | Mailing Address<br><b>222 LAKEVIEW AVE.<br/>         SUITE 800<br/>         WEST PALM BEACH FL 33401</b> |
|--|--|



|                                |                     |     |         |
|--------------------------------|---------------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address  |     |         |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |     |         |
| City & State                   | City & State        |     |         |
| Zip                            | Country             | Zip | Country |

☐ CHECK HERE IF MAKING CHANGES

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br><b>ROSEN, MARVIN S<br/>         222 LAKEVIEW AVE.<br/>         SUITE 800<br/>         WEST PALM BEACH FL 33401</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |
|---|---|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

| 9. MANAGING MEMBERS/MANAGERS |                                 | 10. ADDITIONS/CHANGES |   |
|------------------------------|---------------------------------|-----------------------|---|
| TITLE                        | NAME                            | TITLE                 | NAME  |
|                              | <b>MGRM</b>                     |                       | <b>800017852628</b>   |
|                              | <b>STRAUSS, RICHARD K</b>       |                       | <b>05/02/03--01003--017 **50.00</b>                               |
| STREET ADDRESS               | <b>255 RALSTON AVE.</b>         | STREET ADDRESS        |   |
| CITY-ST-ZIP                  | <b>MILL VALLEY CA 94941</b>     | CITY-ST-ZIP           |   |
|                              | <input type="checkbox"/> Delete |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                        | NAME                            | TITLE                 | NAME  |
|                              |                                 |                       |   |
| STREET ADDRESS               |                                 | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |                                 | CITY-ST-ZIP           |   |
|                              | <input type="checkbox"/> Delete |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                        | NAME                            | TITLE                 | NAME  |
|                              |                                 |                       |   |
| STREET ADDRESS               |                                 | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |                                 | CITY-ST-ZIP           |   |
|                              | <input type="checkbox"/> Delete |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                        | NAME                            | TITLE                 | NAME  |
|                              |                                 |                       |   |
| STREET ADDRESS               |                                 | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |                                 | CITY-ST-ZIP           |   |
|                              | <input type="checkbox"/> Delete |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                        | NAME                            | TITLE                 | NAME  |
|                              |                                 |                       |   |
| STREET ADDRESS               |                                 | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |                                 | CITY-ST-ZIP           |   |
|                              | <input type="checkbox"/> Delete |                       | <input type="checkbox"/> Change <input type="checkbox"/> 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:** Richard K. Strauss Manager **April 29, 2003** (650) 742-1100

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

CR2E083 (10/02)