

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-02-2003 90562 036 ****50.00

DOCUMENT # L02000000474

1. Entity Name
CDA REALTY PARTNERS, LLC



Principal Place of Business
**2875 S. OCEAN BLVD.
SUITE 2109
PALM BEACH FL 33480**

Mailing Address
**2875 S. OCEAN BLVD.
SUITE 2109
PALM BEACH FL 33480**

2. Principal Place of Business

**6000 OKALOOSA BLVD
#2000**

3. Mailing Address

**6000 OKALOOSA BLVD
#2000**



☐ CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BEACH, FL
Zip
33417
Country
P. BEACH

City & State
WEST PALM BEACH, FL
Zip
33417
Country
P. BEACH

4. FEI Number
02-0528089

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HCRM CORP.
2200 CORPORATE BLVD., N.W.
SUITE 401
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name
MICHAEL T. HALOMAN
Street Address (P.O. Box Number is Not Acceptable)
**6000 OKALOOSA BLVD
#2000**
City & State
WEST PALM BEACH FL
Zip Code
33417

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 **Michael T. Haloman**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
2/3/03

FILE 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	PRESIDENT MICHAEL T. HALOMAN 7205 OKLAHOMA AVE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICK J. SHAW 4163 BEECHWOOD WAY WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(l), 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 of the person or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Michael T. Haloman**

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

Date

Daytime Phone #

CR2E083 (10/02)