


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State


01-24-2003 90254 024 ****55.00

DOCUMENT # L02000001640	
1. Entity Name THE FROG & TOAD LLC	

Principal Place of Business 600 SW 11TH COURT FT. LAUDERDALE FL 33315	Mailing Address 600 SW 11TH COURT FT. LAUDERDALE FL 33315
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2. Principal Place of Business 5782 POWERLINE RD Suite, Apt. #, etc.	3. Mailing Address 5782 POWERLINE RD Suite, Apt. #, etc.
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City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33309	Zip 33309
Country BROWARD	Country BROWARD



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 010579659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MOFFA & GAINOR, P.A. ONE FINANCIAL PLAZA SUITE 2202 FT. LAUDERDALE FL 33394	7. Name and Address of New Registered Agent Name MONICA CHURCHILL Street Address (P.O. Box Number is Not Acceptable) 5782 POWERLINE RD City FT. LAUDERDALE, FL Zip Code 33309
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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: Monica Churchill **DATE:** 1/21/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANTHONY, MONICA 600 SW 11TH COURT FT. LAUDERDALE FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHURCHILL, MONICA 5782 POWERLINE RD FT. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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)(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: Monica Churchill **DATE:** 1/21/03 **Daytime Phone #** 954-491-3697

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

CR2E083 (10/02)