

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000001689

1. Entity Name

LA CAMBRE PROPERTIES, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN -6 PM 1:57

1/6/04

Principal Place of Business

1130 E. DONEGAN AVE. SUITE #4  
KISSIMMEE FL 34744

Mailing Address

1130 E. DONEGAN AVE. SUITE #4  
KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0589610

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

G&L-AGENT SERVICES INC.  
390 NORTH ORANGE AVE.  
SUITE 600  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Barry - Compton  
Street Address (P.O. Box Number is Not Acceptable)  
1130 E Donegan Ave Ste #4  
City Kissimmee FL 34744

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

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

Barry Compton

(NOTE: Registered Agent signature required when reinstating)

5.1.03

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 MGRM  
NAME BARRY COMPTON ☐ Delete  
STREET ADDRESS 1130 E. DONEGAN AVE STE #4  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
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TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

5.1.03

DATE

407.933.2554

DAYTIME PHONE #

CR2E083 (10/02)