2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

6/23/2

FILED
Jul 24, 2003 8:00 am
Secretary of State
06-23-2003 90001 001 ****50.00

DOCUMENT # L02000001914

1. Entity Name
CHIBBY PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
5002 DEVENWOOD WAY STUART FL 34997	301 EAST 62ND STREET, #10E NEW YORK NY 10021

55032064

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5002 DEVENWOOD WAY	5002 DEVENWOOD WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART , FLORIDA 34997	City & State: STUART, FLORIDA 34997
Zip: 34997 Country: usa	Zip: 34997 Country: usa

4. FEI Number: 80-0030404 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE, SUITE 1114
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: ~~NICHOLAS SFORZA~~
Street Address (P.O. Box Number is Not Acceptable): ~~5002 DEVENWOOD WAY~~
City: STUART FL Zip Code: 34997

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 X [signature] 6/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SFORZA, NICHOLAS 5002 DEVENWOOD WAY STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRABMAYER, KATHARINA 5002 DEVENWOOD WAY STUART FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: [signature] 6/11/03 772-260-3638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #