## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)



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

| DOCUMENT # LO2000002112  1. Entity Name  ROBERT PRICE REAL ESTATE, LLC              |   |   |   |  | 03-24-2003 90686 017 ****50.00   |  |
|---|---|---|---|--|--|--|
|   |   |   |   | SWEETEN STATE                                      |  |  |
| Principal Place of Business  2424 N. FEDERAL HIGHWAY, STE. 350  BOCA RATON FL 33431 |   | Mailing Address  2424 NFEDERAL HIGHWAY, STE: 950  BOGA RATON FL 33431 |   |  |  |  |
| 2. Principal  | Place of Business   | 3. Mailing Address  | <u> </u>  |  |  |  |
| Suite, Apt. #, etc.   |   | /2/4 NW / 975 TERRACE<br>Suite, Apt. #, etc.                          |   | UNCE_  |  |  |
| City & State  |   | City & State  |   |  | CHECK HERE IF MAKING CHANGES  4. FEI Number Applied For                    |  |
| Zip   | Country   | DELRAY BE   | Country   | <u>-</u>   | 75-2989/59 Not Applicable  |  |
|   | 6. Name and Address of Curre                                    | 33445   | USA   | _  | 5. Certificate of Status Desired   |  |
|   |   |   | Nam   | <b>2</b> /   | 7. Name and Address of New Registered Agent                                |  |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET  |   |   | Stree   | Street Address (P.O. Box Number is Not Acceptable) |  |  |
| TALLAHASSEE FL 32301-2525   |   |   |   | 1214 NW 19 th TERRACE                              |  |  |
|   |   |   | City  | DELOR  | ay Reach FL Zip Code   |  |
| 8. The above the obligation   | named entity submits this statement tions of registered agent.  | for the purpose of changing its                                       | s registered office                               | or registere                                       | ed agent, or both, in the State of Florida. I am familiar with, and accept |  |
| SIGNATURE   | Signature, typed or printed name of registered age              | ont and title if applicable. (NOT                                     | TE: Registered Agent sig                          | nature required                                    | 2/7/200 <b>3</b>   |  |
|   |   | Make Check Payab  | OW!!! FEE IS<br>le to Florida D<br>le By May 1, 2 | Departmen  | nt of State  |  |
| 9.  | MANAGING MEME   | BERS/MANAGERS   | 10.   |  | ADDITIONS/CHANGES  |  |
| NAME STREET ADDRESS CITY-ST-ZIP   | MGRM PRICE, ROBERT 1214 N.W. 19TH TERRACE DELRAY BEACH FL 33445 | ☐ Delete  | NAME STREET ADDRES CITY-ST-ZIP                    | SS   | ☐ Change ☐ Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete  | TITLE NAME STREET ADDRES CITY-ST-ZIP              | ss   | ☐ Change ☐ Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete  | TITLE  NAME  STREET ADDRES  CITY-ST-ZIP           | s  | Change Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete  | TITLE NAME STREET ADDRES CITY-ST-ZIP              | s  | Change Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP             | s  | Change Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ertify that the information supplied wit                        | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP             |  | ☐ Change ☐ Addition  |  |

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.

561. 338.9971