

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

8/5/

08-05-2003 90028 024 ****55.00

DOCUMENT # L02000002255

1. Entity Name

BAISBURD FARM LLC



Principal Place of Business

Mailing Address

**894 WOODLANDS DRIVE
PORT ST LUCIE FL 34952**

**894 WOODLANDS DRIVE
PORT ST LUCIE FL 34952**

55054321

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

03-0436760

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAISBURD, JAVIER ADRIAN
3550 BISCAYNE BLVD., STE-604
MIAMI FL 33137**

Name **BAISBURD, JAVIER ADRIAN**

Street Address (P.O. Box Number is Not Acceptable):

894 WOODLANDS DR

City **PORT ST LUCIE**

FL

Zip Code **34952**

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.

(NOTE: Registered Agent signature required when relistening)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MEMBER, MANAGER** ☐ Delete
NAME **JAVIER A. BAISBURD**
STREET ADDRESS **894 WOODLANDS DR**
CITY-ST-ZIP **PORT ST LUCIE, FL 34952**

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

TITLE **MEMBER, MANAGER** ☐ Delete
NAME **GISELA ALMA ENSOY DE BAISBURD**
STREET ADDRESS **894 WOODLANDS DR**
CITY-ST-ZIP **PORT ST LUCIE, FL 34952**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

S. JAVIER BAISBURD

08-02-03

(772) 999-5866

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

Date

Daytime Phone #

CR2E083 (4/03)