

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

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90045 004 \*\*\*\*50.00

**DOCUMENT # L02000002256**

1. Entity Name

**GOLD COAST PROPERTIES, A FLORIDA LLC**



Principal Place of Business

**4281 NW 1ST AVENUE  
BOCA RATON FL 33431**

Mailing Address

**4281 NW 1ST AVENUE  
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

**4281 NW 1st AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**BOCA RATON**

Zip

Country

Zip

Country

**33431**

**USA**

4. FEI Number

**75-2997025**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**30043397**



6. Name and Address of Current Registered Agent

**STRAUS, STEVE  
4281 NW 1ST AVENUE  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition  
NAME **MGRM STEVE STRAUS**  
STREET ADDRESS **4281 NW 1ST AVE**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

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

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

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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:**

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

Date

Daytime Phone #

**3/13/03 561-362-7224**

CR2F083 (10/02)