

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-11-2003 90017 044 ****55.00

DOCUMENT # L02000002426

1. Entity Name
PALM BAY DEVELOPMENT L.L.C.



Principal Place of Business
**12 NORTH ELM ST.
FELLSMERE FL 32948**

Mailing Address
**12 NORTH ELM ST.
FELLSMERE FL 32948**

2. Principal Place of Business
10 N. Cypress St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 279
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Fellsmere FL
Zip **32948** Country **USA**

City & State
Fellsmere FL
Zip **32948** Country **USA**

4. FEJ Number
020540995

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, THOMAS B.
12 NORTH ELM ST.
FELLSMERE FL 32948**

7. Name and Address of New Registered Agent

Name **Adams, Thomas B.**
Street Address (P.O. Box Number is Not Acceptable)
10 N. Cypress St
City **Fellsmere** FL Zip Code **32948**

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 *Thomas B. Adams* **Thomas B. Adams, President 3-78-03**
Signature of individual 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Thomas B. Adams* **Thomas B. Adams 3-78-03 772-551-1157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Use Daytime Phone #

CR2E083 (10/02)