

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90025 007 \*\*\*\*50.00

**DOCUMENT # L02000002609**

1. Entity Name

**ECONOMOS MCCAULEY HOSPITALITY, L.L.C.**



Principal Place of Business

**4305 N.W. 24TH WAY  
BOCA RATON FL 33431**

Mailing Address

**4305 N.W. 24TH WAY  
BOCA RATON FL 33431**

**20024193**

2. Principal Place of Business

**4000 N Federal Highway**

3. Mailing Address

**1000 Omni Boulevard**

Suite, Apt. #, etc.

**Suite 206**

Suite, Apt. #, etc.

City & State

**Boca Raton, FL**

City & State

**Newport News, VA**

Zip

**33431**

Country

**USA**

Zip

**23606**

Country

**USA**

4. FEI Number

☒ 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

**MACLAREN, LINDA O  
798 SOUTH FEDERAL HIGHWAY  
SUITE 100  
BOCA RATON FL 33432**

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ECONOMOS, NICHOLAS  
4305 N.W. 24TH WAY  
BOCA RATON FL 33431** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Economos, Nicholas  
9279 Legare Street  
Boca Raton, FL 33434** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MCCAULEY, RON  
1014 S. TRYON STREET  
CHARLOTTE NC 28203** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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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 REQUIRED**

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

Date

Daytime Phone #

**1/21/03 (561) 361-2504**

CR2E083 (10/02)