

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/26/2003-90046-035-\$50.00-\$50.00

FILED

03 JUN -6 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # L02000002660					
1. Entity Name CITRUS SPRINGS VILLAS, LLC					
Principal Place of Business 2700 W. CYPRESS CREEK ROAD, SUITE C-103 FORT LAUDERDALE FL 33309			Mailing Address 2700 W. CYPRESS CREEK ROAD, SUITE C-103 FORT LAUDERDALE FL 33309		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 030396846	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S 317-71ST STREET MIAMI BEACH FL 33141				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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKOFFSKY, STANLEY ☐ Delete 2700 W. CYPRESS CREEK ROAD, SUITE C-103 FORT LAUDERDALE FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3696 N. Federal Highway, #203 Ft. Lauderdale, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACKERMAN, MARK D ☐ Delete 2700 W. CYPRESS CREEK ROAD, SUITE C-103 FORT LAUDERDALE FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3696 N. Federal Highway, #203 Ft. Lauderdale, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS 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 606, Florida Statutes.

SIGNATURE: [Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CRF0303 (10/02)