


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**  
05-05-2003 90696 042 \*\*\*\*50.00

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<b>DOCUMENT #</b> L02000003239	
1. Entity Name <b>MT. ALGONQUIN, LLC</b>	

Principal Place of Business <b>7787 COLONY LAKE DRIVE BOYNTON BEACH FL 33436</b>	Mailing Address <b>7787 COLONY LAKE DRIVE BOYNTON BEACH FL 33436</b>
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2. Principal Place of Business <b>167 TAMARACK LANE</b>	3. Mailing Address <b>167 TAMARACK LANE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

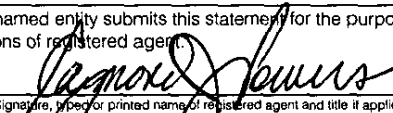
City & State <b>BOXBOROUGH, MA</b>	City & State <b>BOXBOROUGH, MA</b>
Zip <b>01719-2126</b>	Zip <b>01719-2126</b>
Country <b>USA</b>	Country <b>USA</b>

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>03-0385065</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LEWIS, LAURA C 7787 COLONY LAKE DRIVE BOYNTON BEACH FL 33436</b>	
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7. Name and Address of New Registered Agent	
Name <b>RAYMOND J. POWERS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>707 S.E. 3RD AVENUE, SUITE 400</b>	
City <b>FT. LAUDERDALE</b>	FL Zip Code <b>33316</b>

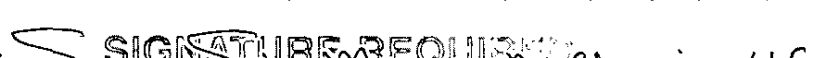
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	<b>RAYMOND J. POWERS</b>	<b>4/29/03</b>
Signature, typed or printed 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DAVID K. LEWIS</b> <b>167 TAMARACK LANE</b> <b>BOXBOROUGH, MA 01719-2126</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. Managing Member		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAVID K. LEWIS</b> <b>167 TAMARACK LANE</b> <b>BOXBOROUGH, MA 01719-2126</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 	SIGNATURE REQUIRED <b>MT. ALGONQUIN, LLC</b>	<b>4/30/03</b>	<b>(978) 627-6711</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

CR2E083 (10/02)