

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90579 002 \*\*\*\*50.00

**DOCUMENT # L02000003759**

1. Entity Name  
**TVR LEASING, LLC**



Principal Place of Business  
**13831 S.W. 59TH STREET, SUITE 207  
MIAMI FL 33183**

Mailing Address  
**13831 S.W. 59TH STREET, SUITE 207  
MIAMI FL 33183**

2. Principal Place of Business  
**238 N. Westmonte Dr**

3. Mailing Address  
**238 N. Westmonte Dr**

Suite, Apt. #, etc.  
**285**

Suite, Apt. #, etc.  
**285**

City & State  
**Altamonte Springs, FL**

City & State  
**Altamonte Springs, FL**

Zip  
**32714**

Country  
**Samuel**

Zip  
**32714**

Country  
**Samuel**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **APPLIED FOR** ☒ 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

**BARBER, RICHARD A  
13831 S.W. 59TH STREET, SUITE 207  
MIAMI FL 33183**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**238 N. Westmonte Dr # 285**

City **Altamonte Springs** **FL** Zip Code **32714**

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 **Richard G. Barber, C.P.A.** **5/1/2003**  
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 **MGR** ☐ Delete  
NAME **BROUGHTON, GRAHAME**  
STREET ADDRESS **13831 S.W. 59TH STREET, SUITE 207**  
CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/28/03** **407-786-5888**  
Date Daytime Phone #

CR2E083 (10/02)