## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

FT. PIERCE FL 34954

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

P.O. BOX 1299

## DOCUMENT # L0200005661

Country

HEINEMANN, THEODORE J

**BOCA RATON FL 33432** 

1200 NORTH FEDERAL HIGHWAY

1. Entity Name

805 VIRGINIA AVE.

FORT PIERCE FL 34982

Suite, Apt. #, etc.

City & State

Zip

SUITE 12

Principal Place of Business

2. Principal Place of Business

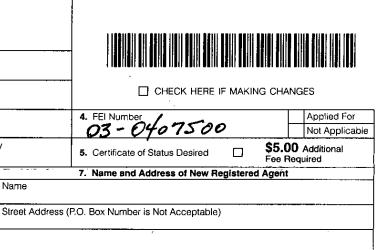
SUITE 420

MONTGOMERY REALTY, LLC



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90006 049 \*\*\*\*50.00



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.

Country

Name

City

Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

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 MGR TITLE TITLE ☐ Delete ☐ Change ■ Addition MONTGOMERY, MARK NAME NAME 805 VIRGINIA AVE. SUITE 12 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34982 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CÎTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS City-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trusteel empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CR2E083 (10/02)