

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

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90324 012 ****50.00

DOCUMENT # L02000005963

1. Entity Name

MASTERSON HOLDINGS, LLC



Principal Place of Business

**500 NORTH GULPH ROAD
KING OF PRUSSIA PA 19406**

Mailing Address

**500 NORTH GULPH ROAD
KING OF PRUSSIA PA 19406**

2. Principal Place of Business

9 East Main Street

Suite, Apt. #, etc.

Suite 200

City & State

Moorestown, NJ

Zip

08057

Country

USA

3. Mailing Address

9 East Main Street

Suite, Apt. #, etc.

Suite 200

City & State

Moorestown, NJ

Zip

08057

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3735434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOLCOMB, VICTOR A. ESQ.
106 SOUTH TAMPANIA AVE., STE. 200
TAMPA FL 33609**

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 Richard Masterson 9 East Main Street, Suite 200 Moorestown, NJ 08057 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (10/02)

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 #