

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90281 002 ****50.00

DOCUMENT # L02000006930

1. Entity Name
REGENCY CONSTRUCTORS, LLC



Principal Place of Business
**2852 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US**

Mailing Address
**2852 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US**

24014204



01062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
2840 UNIVERSITY DRIVE

3. Mailing Address
2840 UNIVERSITY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
33-1000303

Applied For
Not Applicable

Zip Country

Zip Country

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

**GILLESPIE, REES B III
1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432**

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 _____ (NOTE: Registered Agent signature required when constituting) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **MARTZ, BEN L**
STREET ADDRESS **2852 UNIVERSITY DRIVE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Change ☐ Addition
NAME **2840 UNIVERSITY DRIVE**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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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: **B. L. Martz** **1/9/04** **954.955.1775**

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