

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

03-21-2003 90032 040 ***50.00

DOCUMENT # L02000008044

1. Entity Name
ENGEL PROPERTIES LLC



Principal Place of Business

**2277 PARK PLACE
BOCA RATON FL 33486**

Mailing Address

**2277 PARK PLACE
BOCA RATON FL 33486**

2277 PARK PLACE BOCA RATON FLA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

BOCA-RATON

City & State

FLA

4. FEI Number

03-0425507

Applied For

Not Applicable

Zip

Country

Zip

33486

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHROEDER, WALTER
2277 PARK PLACE
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

WALTER H SCHROEDER

Street Address (P.O. Box Number is Not Acceptable)

2277 PARK PLACE

BOCA-RATON FLA

City

FL

Zip Code

33486

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

Walter H Schroeder

3-31-03

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 **MANAGER** ☐ Delete
NAME **GAIL M SCHROEDER**
STREET ADDRESS
CITY-ST-ZIP **2277 Park Place Boca Raton FL 33486**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: R. SCHROEDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-15-03

Date

Daytime Phone #

CR2003 (10/02)