

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92183 001 \*\*\*\*50.00

**DOCUMENT # L02000008146**

1. Entity Name  
**KIRSHNER & TOCHNER, LLC**



Principal Place of Business  
**401 SOUTH SEAS DRIVE, #503  
JUPITER, FL 33477**

Mailing Address  
**401 SOUTH SEAS DRIVE, #503  
JUPITER, FL 33477**

2. Principal Place of Business  
**ONE N. CLEMATIS ST.  
SUITE 400  
WEST PALM BEACH, FL  
33401**

3. Mailing Address  
**ONE N. CLEMATIS ST.  
SUITE 400  
WEST PALM BEACH, FL  
33401**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**02-0580377**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**TOCHNER, PAUL MICHAEL  
401 SOUTH SEAS DRIVE, #503  
JUPITER, FL 33477**

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 *Paul Michael Tochner* **PAUL MICHAEL TOCHNER, Managing Member** DATE **4/30/03**

**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	<b>MGRM TOCHNER, PAUL MICHAEL 401 SOUTH SEAS DRIVE, #503 JUPITER, FL 33477</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TOCHNER, PAUL MICHAEL ONE N. CLEMATIS ST., SUITE 400 WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TOCHNER, MICHAEL J 401 SOUTH SEAS DRIVE, #503 JUPITER, FL 33477</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KIRSHNER, MICHAEL J. ONE N. CLEMATIS ST., SUITE 400 WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *Paul Michael Tochner* **PAUL MICHAEL TOCHNER, Managing Member** DATE **4/30/03** 561-514-9911

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

CR2E083 (10/02)