

FILED  
Feb 12, 2003 8:00 am  
Secretary of State

01-29-2003 90056 032 \*\*\*\*50.00

1/2

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

DOCUMENT # L02000009026

1. Entity Name

422 PROPERTIES, LLC



Principal Place of Business

422 W. FAIRBANKS AVE., STE. 300  
WINTER PARK FL 32789

Mailing Address

422 W. FAIRBANKS AVE., STE. 300  
WINTER PARK FL 32789

55005958



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3682894

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

F&L CORP.  
THE GREENLEAF BLDG., THIRD FLOOR  
200 LAURA ST.  
JACKSONVILLE FL 32201-0240

7. Name and Address of New Registered Agent

Name DAVID N. GLASSMAN

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

218 ANNIE ST.

City ORLANDO

FL

Zip Code 32806

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

*David N. Glassman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 20, 2003  
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SOLE MEMBER  
MICHAEL N. GOUDA  
422 W. FAIRBANKS AVE SUITE 300  
WINTER PARK, FL 32789

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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

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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:

*MANAGEMENT REQUIRED*

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

Date

Daytime Phone #

1/27/03

CR2E083 (10/02)