


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4-1

DOCUMENT # L02000009152

1. Entity Name
DROBNIC HOLDINGS, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

W 10/07

03 SEP 29 PM 3:08



Principal Place of Business
1641-1 COLONIAL BLVD.
FORT MYERS FL 33907

Mailing Address
1641-1 COLONIAL BLVD.
FORT MYERS FL 33907

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
 Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DROBNIC, VICTOR 1641-1 COLONIAL BLVD. FORT MYERS FL 33907		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 reinstating) DATE _____

\$0.00 **FILE NOW!!! FEE IS \$50.00**

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DROBNIC, VICTOR 1641-1 COLONIAL BLVD. FORT MYERS FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			800023399298 09/29/03--01048--022 **50.00
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CR2E083 (4/03)

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**

9.24.03 239936-2911

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