

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90127 026 \*\*\*\*50.00

**DOCUMENT # L02000010818**

1. Entity Name

**MICCO PARK, LLC**



Principal Place of Business

**8600 US HIGHWAY 1  
MICCO FL 32976**

Mailing Address

**8600 US HIGHWAY 1  
MICCO FL 32976**

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

**81-0556415**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SHARFF, BURTON G  
2315 S. CONGRESS AVE.  
WEST PALM BEACH FL 33406**

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

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 **SIGNING MEMBER** ☐ Delete  
NAME **JACK GREENE**  
STREET ADDRESS **145 BELMONT TRACE**  
CITY-ST-ZIP **ATLANTA, GA 30328-3064**

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

TITLE **SIGNING MEMBER** ☐ Delete  
NAME **DAVID GREENE**  
STREET ADDRESS **1147 BILTMORE DRIVE**  
CITY-ST-ZIP **ATLANTA, GA 30329**

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

TITLE **MANAGING MEMBER** ☐ Delete  
NAME **LALA GREENE**  
STREET ADDRESS **145 BELMONT TRACE**  
CITY-ST-ZIP **ATLANTA, GA 30328-3064**

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

TITLE **MANAGING MEMBER** ☐ Delete  
NAME **KERRY GREENE**  
STREET ADDRESS **1147 BILTMORE DRIVE**  
CITY-ST-ZIP **ATLANTA, GA 30329**

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

TITLE **MANAGING MEMBER** ☐ Delete  
NAME **ANN GREENE KARLIN**  
STREET ADDRESS **300 NORTHLAND RIDGE COURT**  
CITY-ST-ZIP **ATLANTA, GA 30342**

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

TITLE **MANAGING MEMBER** ☐ Delete  
NAME **MICHAEL KARLIN**  
STREET ADDRESS **300 NORTHLAND RIDGE COURT**  
CITY-ST-ZIP **ATLANTA, GA 30342**

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:** **X** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**03-20-03**

**404-636-0343**

Date

Daytime Phone #

CR2E083 (10/02)