


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0000304

<b>DOCUMENT # L02000011308</b>		
1. Entity Name <b>SR 524 COCOA, LLC</b>		

**FILED**

03 MAY 12 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>28 WEST CENTRAL BLVD. SUITE 401 ORLANDO FL 32801</b>	Mailing Address <b>28 WEST CENTRAL BLVD. SUITE 401 ORLANDO FL 32801</b>
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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	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
<b>DIVINE, RUSSELL W 24 SOUTH ORANGE AVE. SUITE 203 ORLANDO FL 32801</b>

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$50.00</b></p> <p><b>Make Check Payable to Florida Department of State</b></p> <p><b>Due By May 1, 2003</b></p>	<p><b>700018801977</b></p> <p><b>12/03--01033--005 **400.00</b></p>
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9. MANAGING MEMBERS/MANAGERS																						
<table border="1" style="width:100%"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> <b>MGR WILLIAMS, WARREN E 28 WEST CENTRAL BLVD. SUITE 401 ORLANDO FL 32801</b> </td> <td><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WILLIAMS, WARREN E 28 WEST CENTRAL BLVD. SUITE 401 ORLANDO FL 32801</b>	<input type="checkbox"/> Delete																			
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10. ADDITIONS/CHANGES																						
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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.

<p><b>SIGNATURE:</b> _____</p> <p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small></p>	<p><b>4-29-03 407-4251985</b></p> <p><small>Date Daytime Phone #</small></p>
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CR2E083 (10/02)