FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90005 020 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011556

1. Entity Name
MASTER PLANS OF FLORIDA, LLC

10106809

Principal Place of Business	Mailing Address
1050 SOUTH FEDERAL HWY., STE. 130 DELRAY BEACH, FL 33483	1050 SOUTH FEDERAL HWY., STE. 130 DELRAY BEACH, FL 33483

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1050 SOUTH FEDERAL HWY	1050 South FEDERAL HWY
Suite, Apt. #, etc.: SUITE 130	Suite, Apt. #, etc.: SUITE 130
City & State: DELRAY BEACH, FLA.	City & State: DELRAY BEACH, FLA
Zip: 33483 Country: USA	Zip: 33483 Country: USA

4. FEI Number 36-4498501 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, NORMAN
1050 SOUTH FEDERAL HWY., STE. 130
DELRAY BEACH, FL 33483

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

TITLE	MGRM	☐ Delete
NAME	NORMAN TURNER	
STREET ADDRESS	1050 SOUTH FEDERAL HWY SUITE 130	
CITY-ST-ZIP	DELRAY BEACH, FLA 33483	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

CR2E083 (10/02)

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] May 30, 2003 561-330 0477 OFFICE 561-716-5972 CELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

NORMAN J. TURNER

Attachment #

1010809

Master Plans of Florida, LLC
1050 SOUTH FEDERAL HIGHWAY
SUITE 130
DELRAY BEACH, FL. 33483

MAY 31, 2003

Division of Corporations
P.O. Box 6478
Tallahassee, Fla. 32314

To Whom It May Concern:

My company has not received an annual report form. Please accept this letter and thank you for your help on phone service to use the Internet to down load forms. The company Doc # L0200011556

If you have any questions, please feel free to call me at my office 561-330-0477 or cell 561-716-5972

Sincerely,
Norman Turner

Master Plans of Florida, LLC