

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0010328

DOCUMENT # L02000011758

1. Entity Name

N2 VENTURES, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:28

Principal Place of Business  
1900 S. HARBOR CITY BLVD., STE. 328  
MELBOURNE FL 32901

Mailing Address  
1900 S. HARBOR CITY BLVD., STE. 328  
MELBOURNE FL 32901



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

6-1459117

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

7. Name and Address of New Registered Agent

~~COOLEY, R. EDWARD ESQ  
1450 SR 134 W., STE. 200  
LONGWOOD FL 32750~~

Name

Ned B. Buffington

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

1900 S. Harbor City Blvd

Ste. 328

City

Melbourne

FL

Zip Code

32901

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

*Ned B. Buffington*  
Signature, typed or printed name of registered agent and title if applicable.

Ned B. Buffington Managing Partner

DATE 11/4/03

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  
Managing Partner  
Ned B. Buffington  
1900 S. Harbor City Blvd. # 328  
Melbourne, FL 32901

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700023906007  
10/17/03--01050--014 \*\*50.00

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500024566765  
11/10/03--01075--007 \*\*150.00

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STATEMENT 03

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

*Ned B. Buffington*

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

Date

Daytime Phone #

CR2E083 (4/03)