

FILED
Jun 13, 2003 8:00 am
Secretary of State

04-28-2003 90094 028 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

4/
4/2

DOCUMENT # L02000011905

1. Entity Name

THIRD STREET ASSOCIATES, LLC



Principal Place of Business
778 MIDDLE RIVER DRIVE
FT. LAUDERDALE FL 33304

Mailing Address
778 MIDDLE RIVER DRIVE
FT. LAUDERDALE FL 33304

44004284

7300000000

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

03-0448007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLDING, JEFFREY A
778 MIDDLE RIVER DRIVE
FT. LAUDERDALE FL 33304

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 resigning)

4-22-03

DATE

FILE NOW!!! FEE IS \$60.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
Member - Managing Member	Douglas Charles Smith	601 Intracoastal Drive	Fort Lauderdale, FL 33304	☐
Member - Managing Member	James Wurster (member)	3100 NE 56th Court	Fort Lauderdale FL 33308	☐
Member - Managing Member	Jeffrey A. Holding	778 Middle River Drive	Fort Lauderdale FL 33304	☐
				☐
				☐
				☐

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)(f), 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

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

4-22-03

DATE

954-468-3067

Daytime Phone #

CR2003 (10/02)