

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012543

1. Entity Name

TWENTY FIVE ASSOCIATES, LLC



**FILED**  
May 02, 2003 8:00 am  
Secretary of State

05-02-2003 90584 050 \*\*\*\*50.00

0012066

Principal Place of Business  
12309 N.W. 54TH CT  
CORAL SPRINGS FL 33076

Mailing Address  
12309 N.W. 54TH CT  
CORAL SPRINGS FL 33076

2. Principal Place of Business  
SAME

3. Mailing Address  
P.O. BOX 770216  
Suite, Apt. #, etc.  
CORAL SPRINGS  
City & State  
FLORIDA  
Zip  
33077  
Country  
BROWARD



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
86-1059756  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
COHEN, SAM  
12309 NW 54TH CT.  
CORAL GABLES FL 33076

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SAMUEL COHEN 12309 N.W. 54TH CT CORAL SPRINGS, FL. 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
Date  
Daytime Phone #

CR2E083 (10/02)