

FILED  
Jul 02, 2004 8:00 am  
Secretary of State

5/1

05-11-2004 90002 027 \*\*\*\*50.00

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L02000012777**

1. Entity Name

NATIONWIDE CAPITAL PARTNERS LLC

DO NOT WRITE IN THIS SPACE

34009032

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
12101 NW 5TH STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
PLANTATION, FL

City & State

4. FEI Number  
81-0554663

Applied For  
Not Applicable

Zip  
33325

Country

Zip

Country

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

DO NOT WRITE  
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7. Name and Address of Current 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.

DATE

4/29/04

FEES

Make Check Payable to Department of State  
DUE BY MAY 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MEMBER- MGRM  
JOSEPH LUCAS  
12101 NW 5TH STREET  
PLANTATION, FL 33325

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MEMBER MGRM  
KEVIN HARMS  
10341 NW 12TH PLACE  
PLANTATION, FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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.

SIGNATURE:

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

Date

Daytime Phone #

4/29/04

954-370-3080