

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90047 005 ****50.00

DOCUMENT # L02000013154

1. Entity Name

MEDIANOCHE PARTNERS, L.L.C.



Principal Place of Business

**457 CAMBRIDGE DRIVE
WESTON FL 33326**

Mailing Address

**457 CAMBRIDGE DRIVE
WESTON FL 33326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0449327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICHARD, LANCE P
50 S.E. KINDRED STREET
SUITE 107
STUART FL 34995**

7. Name and Address of New Registered Agent

Name **Frederick J. Binks**

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

457 Cambridge Dr.

City **Weston**

FL

Zip 33326

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 **Registered Agent** ☒ Delete
NAME **Lance P. Richards**
STREET ADDRESS **50 S.E. Kindred St.**
CITY-ST-ZIP **Suite 107 Stuart, FL 34995**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** **MANAGING Partner/Registered Agent** ☐ Change ☒ Addition
NAME **Frederick J. Binks**
STREET ADDRESS **457 Cambridge Dr.**
CITY-ST-ZIP **Weston, FL 33326**

TITLE **MGRM** **Sandra T. Binks managing partner** ☐ Change ☒ Addition
NAME
STREET ADDRESS **457 Cambridge Dr.**
CITY-ST-ZIP **Weston, FL 33326**

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

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

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

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

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 REQUIRED**

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

Date

Daytime Phone #

1/13/03

954-415-5341