## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000013531

1. Entity Name

THE COURTYARDS AT FLAGLER VILLAGE DEVELOPMENT, L .L.C.



**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90575 022 \*\*\*\*50.00

Mailing Address   1			_					
PORT LUDERDALE FL 38201  2. Principal Place of Business  3. Maining Address P. O. Box 030399  Sulfa, Apt. #, etc.  City & State  PELIMAN, PETER  418 NORTHEAST STH STREET  FORT LAUDERDALE FL 33301  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 Forcia. I am familiar with, and accept the obligations of registered agent.  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 Forcia. I am familiar with, and accept the obligations of registered agent.  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 Forcia. I am familiar with, and accept the obligations of registered agent.  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 Forcia. I am familiar with, and accept the obligations of registered agent.  City  FL Xip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered office or registered office or registered after a decrease (P.O. Box Number's Not Acceptable)  FILE NOW!!! FEE IS \$5.0.0.0  Make Check Payable to Fiorida Department of State  Due By Mey 1, 2003  ADDITIONS/CHANGES  City S. The Address (P.O. Box Number's Not Acceptable)  FILE NOW!!! FEE IS \$5.0.0  Make Check Payable to Fiorida Department of State  Due By Mey 1, 2003  ADDITIONS/CHANGES  City S. The Address (P.O. Box Number's Not Acceptable)  FILE NOW!!! FEE IS \$5.0.0  Make Check Payable to Fiorida Department of S	•		Mailing Address		00000			
Suite, Apt. #. etc.    Suite, Apt. #. etc.   Glip & State   Clip & State   Fort Lauderdale, Florids   S2-2374198   Not Applied for S2-2374198   S2-2474198   S2-2	FORT LAUDERDALE FL 33301		FORT LAUDERDALE FL 3					
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Fort Lauderdale, Florida   S2-2374198     Not Applicable   S2-0376198   Not Applicable   S2-0376198   Not Applicable   S2-0376198   Not Applicable   S2-0376198	Suite, Apt. #, etc.		<del></del>		CHECK HERE IF MAKING CHANGES			
Zip Country 33303 USA 5. Certificate of Status Desired Several Agent 5.00 Additional Fee Required FELDMAN, PETER 418 NORTHEAST 51H STREET FORT LAUDERDALE FL 33301  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 farm ker with, and accept the obligations of registered agent.  SIGNATURE	City & State			dale. Florid	F2 2074100			
FELDMAN, PETER 418 NORTHEAST 5TH STREET FORT LAUDERDALE FL 33301  City FL City	Zip	Country		Country	5. Certificate of Status Desired 55.00 Add	litional		
FELDMAN, PETER 418 NORTHEAST STH STREET FORT LAUDERDALE FL 33301    City   FL   Zip Code		6. Name and Address of Curre	ent Registered Agent			<u> </u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registored agent.    Signature   Signatur	418	NORTHEAST 5TH STREET			Name			
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FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Du By May 1, 2003  9. MANAGING MEMBERS MANAGERS  10. ADDITIONS/CHANGES  FILE NOW!!! FEE IS \$50.00  MAWE  Peter Feldman  418 N. E. 5th Street  CITY-ST-2P  TITLE  MAME  STREET ADDRESS	the obligat	ions of registered agent.	, , , , , , , , , , , , , , , , , , , ,		gardina again, or both, in the older of Honda. Tain familial with, a	ind accept		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003  MANAGING MEMBERS / MANAGERS  10.	SIGNATURE .	Signature, typed or printed name of registered ag	gent and title if applicable. (NC	OTE: Registered Agent signature	required when reinstating) DATE			
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1. I hereby certify that the information supplied with the 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 the signature shall have the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	1. Thereby or	ertify that the information supplied	th the filing does not qualify to		in Continue 110 07/09/0 Florida On			

nature shall have the same legal effect as if made under oath; that I am a managing member or manager of the do execute this report as required by Chapter 608, Florida Statutes. limited liability company or the

SIGNATURE: