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

## DOCUMENT # L02000014002

1. Entity Name

VENTANA REALTY, LLC



**FILED** May 05, 2003 8:00 am Secretary of State
05-05-2003 90688 039 \*\*\*\*50.00

			_										
Principal Place	e of Business		Mailing Address	_,									
			1153 TOWN CENTER DRIVE, SUITE 202 JUPITER FL 33458				1 IOT (1	11 <b>8</b> 11 <b>88</b> 12 <b>5</b>		::: <b>65</b> 111 <b></b> :	<b>6</b> 1 21 <b>0</b> 11 1		ene nen 1221
2. Principal P	lace of Business		3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FEI Num 03-	oer - 74	556	78			oplied For
Zip	Countr	y	Zip	Count	try		5. Certificat			_		5.00 Ad e Require	ditional
	6. Name and Add	ress of Current R	egistered Agent	·			7. Name an	d Addres	s of New	Register	ed Age	ent	
1153	GUARDIOLA, GEOR B TOWN CENTER D TER FL 33458		2		Name Street Ad	dress (P.	O. Box Numb	per is Not	Acceptab	le)			
					City		<del></del>		<del></del> -		= -	Zip Coo	
											FL		
	named entity submits ions of registered ager		he purpose of changing its	registere	ed office or r	egistered	d agent, or b	oth, in the	State of F	lorida. I a	am fan	niliar with,	and accept
SIGNATURE _	Signature, typed or printed nar	ne of registered agent and	of title if applicable. (NOTE	: Registered	d Agent signature	e required w	hen reinstating)			DA	ΓÉ		<del></del>
			Make Check Payabl	e to Flo	FEE IS \$5 orida Depa ay 1, 2003	artment	of State						
9.	1AM	IAGING MEMBER	S/MANAGERS	10.					DDITIONS	CHANC	SES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member George d 1153 town Juster FL	e Guard Center 0	iola Delete rive, Suite 202	TITLE NAME STREI CITY-	1							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	NAME STREE		_		_				) Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		***************************************	☐ Delete		1				<u> </u>		= [	] Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	CITY-	ET ADDRESS -ST-ZIP							Change .	Addition
11. I hereby c indicated limited liab	ertify that the information this report is true and billity company or the fi	on supplied with the accurate and the accurate and the	nis filing does not qualify for at my signature shall have t empowered to execute this r	the exer the same report as	nption state legal effect required by	d in Sect t as if mad Chapter	ion 119.07(3 de under oat 608, Florida	)(i), Florid h; that I a Statutes.	a Statutes im a mana	I further iging mer	certify mber o	that the i	nformation er of the