

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

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90087 046 \*\*\*\*50.00

**DOCUMENT # L02000014555**

1. Entity Name  
**1151 SPANISH RIVER ROAD L.L.C.**



Principal Place of Business  
**10 OCEAN PLACE  
HIGHLAND BEACH FL 33487**

Mailing Address  
**10 OCEAN PLACE  
HIGHLAND BEACH FL 33487**

**20013903**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LLOYD GRANET, P.A.  
1900 NW CORPORATE BOULEVARD  
SUITE 100 WEST  
BOCA RATON FL 33431**

Name  
**2295 NW Corporate Blvd.**  
**Suite 235**  
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

(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	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	Uuranniemi, Teppo	10 Ocean Place	Highland Beach FL 33487		
VP	Uuranniemi, Heidi	10 Ocean Place	Highland Beach FL 33487		
ST	Uuranniemi, Taula	10 Ocean Place	Highland Beach FL 33487		

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:** T. Uuranniemi **1-14-03** **561-330-0850**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #