2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014578

1175 SPANISH RIVER ROAD L.L.C.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90322 014 ****50.00

Principal Place of Business Mailing Address 10 OCEAN PLACE 10 OCEAN PLACE HIGHLAND BEACH FL 33487 20012687 HIGHLAND BEACH FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANET, LLOYD P.A. 1900 NW CORPORATE BLVD., STE. 100 WEST Address (P.O. Box Number is Not Acceptable **BOCA RATON FL 33431** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE TITLE Delete Addition Change NAME lluvannieuu, lenno NAME STREET ADDRESS STREET ADDRESS 10 Ocean Place FL 33487 CITY-ST-ZIP Hornland ☐ Delete TITLE Addition NAME llura unicui, STREET ADDRESS Ocan FL 33487 CITY-ST-ZIP Delete TITLE **Addition** Muranniem. Jung NAME STREET ADDRESS 10 Oceau Place CITY-ST-ZIP Haliland Beach ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.