

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0030118

DOCUMENT # L02000015716

1. Entity Name
ESTANCIA PALM SPRINGS, LLC



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**21301 POWERLINE ROAD
SUITE 304
BOCA RATON FL 33433**

Mailing Address
**21301 POWERLINE ROAD
SUITE 304
BOCA RATON FL 33433**

2. Principal Place of Business
**701 W Cypress Crk Rd
3RD FL.**

3. Mailing Address
**701 W Cypress Crk Rd
3RD FLOOR**

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number
82-0550759

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KODSI, EISENSTEIN & ASSOCIATES, P.A.
701 CYPRESS CREEK ROAD
SUITE 302
FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent
**KODSI LAW FIRM
701 W CYPRESS CRK RD 3RD FL
FT. LAUDERDALE FL 33309**

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 **ISAAC KODSI** **4/29/03**
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAMANN, ALDEN 21301 POWERLINE ROAD SUITE 304 BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVER BIBAS 701 W CYPRESS CRK RD 3RD FL FT. LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISAAC KODSI 701 W CYPRESS CRK RD 3RD FL FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800017845218 05/01/03--01084--006 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **OLIVER BIBAS** **4/28/03** **561.306-4999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)