

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90088 017 \*\*\*\*\*50.00

0024593

**DOCUMENT # L02000015983**

1. Entity Name

**VICTORIA KEY, LLC**



Principal Place of Business

**1814 NW 19TH STREET  
FORT LAUDERDALE FL 33311**

Mailing Address

**1814 NW 19TH STREET  
FORT LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**11401 NW 7th ST.**

Suite, Apt. #, etc.

**11401 NW 7th ST.**

City & State

**Plantation, FL.**

City & State

**Plantation, FL.**

Zip

**33325**

Country

**U.S.**

Zip

**33325**

Country

**U.S.**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, KEITH  
1512 NE 17TH WAY  
FORT LAUDERDALE FL 33304**

*please  
delete  
Davis, Keith  
from LLC*

7. Name and Address of New Registered Agent

Name **Kyle Brown**

Street Address (P.O. Box Number is Not Acceptable)

**9508 NW 38 ST.**

City **Coral Springs**

**FL**

Zip Code

**33065**

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

*Kyle Brown*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-28-03**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **Managing member** ☐ Delete ☒ Addition  
NAME **Kyle Brown**  
STREET ADDRESS **9508 NW 38 ST.**  
CITY-ST-ZIP **Coral Springs, FL. 33065**

TITLE **Managing member** ☐ Delete ☒ Addition  
NAME **Thomas B. Williams**  
STREET ADDRESS **11401 NW 7th ST.**  
CITY-ST-ZIP **Plantation, FL. 33325**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Managing member** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 liability company, or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-28-03**

Date

**954-234-0972**

Daytime Phone #

CR2E083 (10/02)