

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90006 010 ****55.00

DOCUMENT # L02000016840

1. Entity Name

CBM HOLDINGS, LLC



Principal Place of Business

**4521 PGA BLVD., SUITE 308
PALM BEACH GARDENS FL 33418**

Mailing Address

**4521 PGA BLVD., SUITE 308
PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

10328 UNDER ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

FLORIDA

Zip

Country

33458

USA

Zip

Country

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

7. Name and Address of New Registered Agent

**MOLFETTA, CATHERINE B
4521 PGA BLVD., SUITE 308
PALM BEACH GARDENS FL 33418**

Name

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

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

Catherine Molfetta

3.1.03

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MOLFETTA, CATHERINE B
4521 PGA BLVD., SUITE 308
PALM BEACH GARDENS FL 33418**

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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: *Catherine Molfetta*

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

3.1.03

Date

Daytime Phone #

CR2E083 (10/02)