

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90079 042 ****55.00

DOCUMENT # L02000017029

1. Entity Name
DRAC DEVELOPMENT, L.L.C.



Principal Place of Business
**2830 N.W. 69TH AVENUE
MARGATE FL 33063**

Mailing Address
**2830 N.W. 69TH AVENUE
MARGATE FL 33063**

2. Principal Place of Business
10100 West Sample Road

3. Mailing Address
10100 West Sample Road

Suite, Apt. #, etc.
Suite 205

Suite, Apt. #, etc.
Suite 205

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip
33065

Country
USA

Zip
33065

Country
USA

4. FEI Number
22-3863242

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLADESTONE, STEPHEN R
7301-A WEST PALMETTO PARK ROAD STE. 305C
BOCA RATON FL 33433**

Name **Aftab Cumber**
Street Address (P.O. Box Number is Not Acceptable)
10100 West Sample Road
Suite 205
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
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/21/03**

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 **MGR** ☐ Delete
NAME **RANDALL, DAVID**
STREET ADDRESS **2830 N.W. 69TH AVENUE**
CITY-ST-ZIP **MARGATE FL 33063**

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

TITLE **MGR** ☐ Delete
NAME **CUMBER, AFTAB**
STREET ADDRESS **10100 W SAMPLE ROAD STE. 205**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **MGR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

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

Date

Daytime Phone #

4/21/03 954 753-4242

CR2E083 (10/02)