

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

04-28-2003 90080 029 ****50.00

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1. Entity Name

SHAKMAN CONSTRUCTION - HOSPITALITY DIVISION, L.L.C.

Principal Place of Business

**2595 N.W. BOCA RATON BLVD.
SUITE 100
BOCA RATON FL 33431**

Mailing Address

**2595 N.W. BOCA RATON BLVD.
SUITE 100
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2285038

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JACOBS, PAUL ESQ.
1098 N.W. BOCA RATON BLVD.
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 **Managing Member** ☐ Delete
NAME **Michael Goldman**
STREET ADDRESS **2595 NW Boca Raton Blvd**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **Managing Member** ☐ Delete
NAME **Gerald Miller**
STREET ADDRESS **2595 NW Boca Raton Blvd**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **Principal** ☐ Delete
NAME **Mark Isabelle**
STREET ADDRESS **2595 NW Boca Raton Blvd**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **Principal** ☐ Delete
NAME **Craig Feldman**
STREET ADDRESS **2595 NW Boca Raton Blvd**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **Principal** ☐ Delete
NAME **Phil Goldfarb**
STREET ADDRESS **2595 NW Boca Raton Blvd**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **Principal** ☐ Delete
NAME **John Cahorshak**
STREET ADDRESS **2595 NW Boca Raton Blvd**
CITY-ST-ZIP **Boca Raton, FL 33431**

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)