

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90002 017 ****50.00

DOCUMENT # L02000018198 1. Entity Name VERUS CAPITAL PARTNERS LLC					
Principal Place of Business ONE SOUTHEAST THIRD AVENUE TENTH FL MIAMI FL 33131			Mailing Address ONE SOUTHEAST THIRD AVENUE TENTH FL MIAMI FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0638084	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PENINSULA REGISTERED AGENTS, INC. 200 S. BISCAYNE BOULEVARD 43RD FL MIAMI FL 33131				Name MARC K. POWERS, CPA Street Address (P.O. Box Number is Not Acceptable) ONE SOUTHEAST 3RD AVENUE, 10TH FLOOR City MIAMI FL Zip Code 33131	
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 <u><i>Marc K Powers</i></u> DATE <u><i>3/12/2003</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR RICHARD HOLLOWELL 1 S.E. 3RD AVE., 10TH FLOOR MIAMI, FL 33131	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: *Dan O'Brien*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/10/03
Date

Daytime Phone #

CR2E083 (10/02)