

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

04-25-2003 90754 007 ****50.00

DOCUMENT # L02000020085

1. Entity Name

CITY CENTER BUSINESS OFFICES, LLC



Principal Place of Business

500 E. BROWARD BLVD., 18TH FL
FT. LAUDERDALE FL 33394

Mailing Address

500 E. BROWARD BLVD., 18TH FL
FT. LAUDERDALE FL 33394

44002595



2. Principal Place of Business

401 N. W. 1ST ST. SUITE 1400

Suite, Apt. #, etc.

1400

City & State

FT. LAUDERDALE FL

Zip

33394

Country

3. Mailing Address

401 N. W. 1ST ST. SUITE 1400

Suite, Apt. #, etc.

1400

City & State

FT. LAUDERDALE FL

Zip

33394

Country

4. FEI Number

01-0742273

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

JORDAN, SCOTT, J. ESQ
C/O TRIP SCOTT, P.A.
110 SE 6TH STREET, 15TH FL
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

NSCUL JORDAN

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

401 N. W. 1ST ST. SUITE 1400

SUITE 1400

City

FT. LAUDERDALE

FL

Zip Code

33394

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 (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

TITLE: **MANAGING MEMBER** ☒ Delete
NAME: **MOON, RICHARD J**
STREET ADDRESS: **1924 N. 31 AVE**
CITY-ST-ZIP: **FT. LAUDERDALE FL 33325**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: **MEMBER** ☐ Change ☒ Addition
NAME: **DIAMOND, R. NICHOLS**
STREET ADDRESS: **9720 NW 39TH CT.**
CITY-ST-ZIP: **COVINGTON GA 32065**

TITLE: **MEMBER** ☐ Change ☒ Addition
NAME: **DIAMOND, R. NICHOLS**
STREET ADDRESS: **1712 S. OCEAN BLVD**
CITY-ST-ZIP: **DAVART BAYVIEW FL 33483**

TITLE: **MEMBER** ☐ Change ☒ Addition
NAME: **LOREN, MARGARET**
STREET ADDRESS: **445 GARDEN ST. W.**
CITY-ST-ZIP: **FT. LAUDERDALE FL 33394**

TITLE: **MEMBER** ☐ Change ☒ Addition
NAME: **MOORE, R. SCOTT**
STREET ADDRESS: **243 SE 5TH AVE**
CITY-ST-ZIP: **DAVART BAYVIEW FL 33483**

TITLE: **MEMBER** ☐ Change ☒ Addition
NAME: **TANNA, PAUL**
STREET ADDRESS: **401 N. W. 1ST ST. SUITE 1400**
CITY-ST-ZIP: **FT. LAUDERDALE FL 33394**

TITLE: **MEMBER** ☐ Change ☒ Addition
NAME: **SVOLP, P**
STREET ADDRESS: **100 N. W. LAUREL CREST CT**
CITY-ST-ZIP: **DAVART BAYVIEW FL 33483**

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 #

CR2083 (10/02)

Attachment
44002595
L02000020085

City Center Business Offices, LLC

9. MANAGING MEMBERS/ MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR Addition
NAME SNORP, P
STREET ADDRESS 100 VE WAVE CREST CT.
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE MGR Addition
NAME MOORE, RICHARD J
STREET ADDRESS 1924 NE 231 AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33325

TITLE MGR Addition
NAME MORRISON, R SCOTT
STREET ADDRESS 243 NE 5TH AVE.
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE MGR Addition
NAME CORKIN, HERBERT
STREET ADDRESS 445 GRAND BAY DR.
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE MGR Addition
NAME DIAMOND, GERALD
STREET ADDRESS 1713 S. OCEAN BLVD
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE MGRM Addition
NAME DIAMOND, R. NICHOLAS
STREET ADDRESS 9720 NW 39TH CT.
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE MGRM Addition
NAME TANNER, PAUL
STREET ADDRESS 401 E. LAS OLAS BLVD
CITY-ST-ZIP FT LAUDERDALE FL 33394