

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90758 041 *****50.00

0018713

DOCUMENT # L02000020187

1. Entity Name

F & N INVESTMENT, L.L.C.



Principal Place of Business

**260 CRANDON BLVD STE. 32-124
KEY BISCAIYNE FL 33149**

Mailing Address

**260 CRANDON BLVD STE. 32-124
KEY BISCAIYNE FL 33149**

2. Principal Place of Business

260 Crandon Blvd

3. Mailing Address

260 Crandon Blvd

Suite, Apt. #, etc.

Suite 32 PMB 124

Suite, Apt. #, etc.

Suite 32 PMB 124

City & State

Key Biscayne FL

City & State

Key Biscayne FL

Zip

33149

Country

USA

Zip

33149

Country

(Dade) USA

4. FEI Number

56-2288677

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBERTS, NORMAN T
50 WEST MASHA DRIVE STE. 4
KEY BISCAIYNE FL 33149**

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 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 **MGRM** ☐ Delete
NAME **HALEY Investments**
STREET ADDRESS
CITY-ST-ZIP

TITLE **MG** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **HALEY INVESTMENTS**
STREET ADDRESS **260 Crandon Blvd Ste 32-PMB 124**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Caribbean Assurance**
STREET ADDRESS **2001 SW 93rd Ave**
CITY-ST-ZIP **Miami, FL 33173**

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Anne L. Kardonski**
STREET ADDRESS **260 Crandon Blvd Ste 32 PMB 124**
CITY-ST-ZIP **Key Biscayne, FL 33149**

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

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

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 #

4/20/03

305 329 2744

CR2E083 (10/02)