

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

8/14/2003-90046-042-\$50.00-\$50.00

0005033

**DOCUMENT # L02000020923**

1. Entity Name

**CAMBRIDGE FINANCE, LLC**



**FILED**

**03 OCT -2 PM 2:28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

**6394 VIA ROSA  
BOCA RATON FL 33433**

**6394 VIA ROSA  
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. EEI Number

**32-027033**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HEINERMANN, THEODORE J  
BUTZEL LONG, P.C.  
1200 N FEDERAL HWY, STE 420  
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 reissuing)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MGR</b>			
	<b>STONE, ELLIOT</b>			
	<b>6394 VIA ROSA</b>			
	<b>BOCA RATON FL 33433</b>			

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

**THEODORE J. HEINERMANN**

**8/11/03**

**(seasonal)**

**203 3895677**

CR2E083 (4/03)