

FILED

May 05, 2003 8:00 am  
Secretary of State

04-21-2003 90127 017 \*\*\*150.00

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

DOCUMENT # L02000021081

1. Entity Name

SPERBER PROPERTIES, LLC



Principal Place of Business

327 CLEMATIS STREET  
WEST PALM BEACH FL 33401

Mailing Address

327 CLEMATIS STREET  
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

13-4233723

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

SPERBER, MORRIS W  
327 CLEMATIS STREET  
WEST PALM BEACH FL 33401

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 MGR  
NAME SPERBER, MORRIS W  
STREET ADDRESS 327 CLEMATIS STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ DeleteTITLE MGR  
NAME SPERBER, MICHAEL W  
STREET ADDRESS 327 CLEMATIS STREET  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ DeleteTITLE MGR  
NAME ALLEN, VALERIE S  
STREET ADDRESS 283 ROYAL POINCIANA WAY  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ DeleteTITLE MGR  
NAME EMERSON, LEAH S  
STREET ADDRESS 8116 NORTHBORO COURT  
CITY-ST-ZIP LAKE CLARK SHORES FL 33408 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

Date

Daytime Phone #

CR2E083 (10/02)