

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

03

DOCUMENT # L02000021526

1. Entity Name

IRONWOOD OFFICE PARK, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL -7 PH 3:17

Principal Place of Business

8880 TERRENE COURT  
BONITA SPRINGS FL 34135

Mailing Address

8880 TERRENE COURT  
BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-143 7935

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

GREENE, ROBERT F ESQ  
1301 SIXTH AVE W, STE. 400  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name Lannie Miller  
Street Address (P.O. Box Number is Not Acceptable)  
8880 Terrene Ct.  
City Bonita Springs FL Zip Code 34135

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 below name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/03  
DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

000017621780  
04/30/03--01122--012 \*\*100.00

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing member	<input type="checkbox"/> Delete
NAME	Mark K. Rasmus	
STREET ADDRESS	8880 Terrene Ct	
CITY-ST-ZIP	Bonita Springs FL 34135	
TITLE	Managing member	<input type="checkbox"/> Delete
NAME	Donit Swoboda	
STREET ADDRESS	8880 Terrene Ct	
CITY-ST-ZIP	Bonita Springs FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/03 239-949-6855

Date Daytime Phone #

CR2E083 (10/02)