

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90109 047 \*\*\*\*\*50.00

**DOCUMENT # L02000021540**

**1. Entity Name**  
**EXCALIBUR MARKETING I LLC**



**Principal Place of Business**  
**14429 GRASSY COVE CIRCLE**  
**ORLANDO FL 32824**

**Mailing Address**  
**14429 GRASSY COVE CIRCLE**  
**ORLANDO FL 32824**

**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**

Applied For

☒ Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**90151254**



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HERNANDEZ, CARMEN M**  
**14429 GRASSY COVE CIRCLE**  
**ORLANDO FL 32824**

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 September 24, 2003**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

**TITLE** **MGRM** ☐ Delete  
**NAME** **FRIE, CATHERINE**  
**STREET ADDRESS** **6765 EAST RED ROBIN LANE**  
**CITY-ST-ZIP** **INVERNESS FL 34452**

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

**TITLE** **MGRM** ☐ Delete  
**NAME** **DEJESUS, JOSEPHINE**  
**STREET ADDRESS** **12815 SW 45 LANE**  
**CITY-ST-ZIP** **MIAMI FL 33175**

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

**TITLE** **MGRM** ☐ Delete  
**NAME** **DIAZ, VICKY F**  
**STREET ADDRESS** **1503 BROOKSTONE RIDGE**  
**CITY-ST-ZIP** **COLLEGE PARK GA 30349**

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

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

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

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**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:**

*Carmen M Hernandez*

**8/13/03 407-826-0609**

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

Date

Daytime Phone #

CR2E083 (4/03)