

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90179 041 *****50.00

DOCUMENT # L02000021625

1. Entity Name

PARTNERS INVESTMENT FUNDING, LLC



Principal Place of Business

**2341 PORTER LAKE DRIVE
SUITE 206
SARASOTA FL 34230-7899**

Mailing Address

**2341 PORTER LAKE DRIVE
SUITE 206
SARASOTA FL 34230-7899**

2. Principal Place of Business

AIRPORT COMMERCE CENTER

3. Mailing Address

AIRPORT COMMERCE CENTER

Suite, Apt. #, etc.

1193 TALLEVAST ROAD

Suite, Apt. #, etc.

1193 TALLEVAST ROAD

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

Country

34243

USA

Zip

Country

34243

USA

4. FEI Number

04-3639366

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

**KATZ, LAWRENCE H
341 NORTH MAITLAND AVENUE
SUITE 120
MAITLAND FL 32751**

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 **CAPITAL INVESTMENT FUNDING, LLC**
STREET ADDRESS **2341 PORTER LAKE DRIVE**
CITY-ST-ZIP **SARASOTA FL 34230**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)