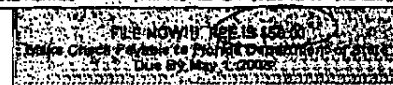


FILED
Jun 16, 2003 8:00 am
Secretary of State

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03-12-2003 90013 030 ****55.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000022251			
1. Entity Name SR PROPERTIES, LLC			
Principal Place of Business 990 SOUTH ROGERS CIRCLE #2 BOCA RATON, FL 33487		Mailing Address 990 SOUTH ROGERS CIRCLE #2 BOCA RATON, FL 33487	
2. Principal Place of Business <i>Same</i>		3. Mailing Address <i>Same</i>	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 02 0689957		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent KENNETH ELDELMAN, P.A. 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		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, the registered agent.			
SIGNATURE _____ DATE _____			
			
9. MANAGING MEMBERS / MANAGERS			
TITLE MANAGING MEMBER		☐ New ☐ Change ☐ Addition	
NAME ELLIOTT WALLACE		NAME	
STREET ADDRESS 990 S. ROGERS CIRCLE, SUITE #2		STREET ADDRESS	
CITY, ST, ZIP BOCA RATON, FL 33487		CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption on stated in Section 199.07(3)(i), Florida Statutes. I further certify that the information provided 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 holder or trustee empowered to execute this report as is required by Chapter 606, Florida Statutes.			
SIGNATURE: _____		DATE: 3/5/03	
BONA FIDE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Office Phone #	

44004591

\$55.00