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

## DOCUMENT # L02000022622

1. Entity Name

**BURTON FAMILY HOLDINGS, LLC** 



## **FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90021 037 \*\*\*\*50.00

2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.   CHECK HERE IF MAKIN  City & State   City & State   City & State   Country   S. Certificate of Status Desired    Experimental State   City & State   Country   S. Certificate of Status Desired    Experimental State   City & State   Country   S. Certificate of Status Desired    BURTON, ANDRE S   A310 SHERIDAN STREET, SUITE 202   Street Address (P.O. Box Number is Not Acceptable)    BURTON, ANDRE S   A310 SHERIDAN STREET, SUITE 202   Street Address (P.O. Box Number is Not Acceptable)    Experimental Supplications of registered agent.   City   FI  B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am the obligations of registered agent.    FILE NOW!!! FEE IS \$50.00   Make Check Payable to Florida Department of State Due By May 1, 2003    9.   MANAGING MEMBERS/MANAGERS   10   ADDITIONS/CHANGES    FILE NOW!!! FEE IS \$50.00   ADDITIONS/CHANGES    FILE NOW!! FILE NOW!! FILE NOW!! FILE NOW! FILE NOW! FILE NOW! FILE NOW! FILE NOW! FI	\$5.00 Ac Fee Requir I Agent	S Applied For Not Applicable dditional red de
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City & State  4. FEI Number 555-07946  5. Certificate of Status Desired	\$5.00 Ac \$5.00 Ac Fee Requir Agent  Zip Co	Applied For Not Applicable dditional red:
Zip Country Zip Country 5.5.—0.7.946  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered  BURTON, ANDRE S 4310 SHERIDAN STREET, SUITE 202 HOLLYWOOD FL 33021  City FI  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 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 10. ADDITIONS/CHANGES  TITLE MARKE ANDRES IS GRAPPY  STREET ADDRESS  GITY-ST-ZIP  TITLE MARKE ANDRESS  THE REPORT OF BEAUTY OF THE PRESE Delete  NAME  STREET ADDRESS  GITY-ST-ZIP  TITLE  MARKE STREET ADDRESS  ST	\$5.00 Ac Fee Requir I Agent	dditional red
Signature   Sign	\$5.00 Ac Fee Requir Agent  Zip Co	dditional red
6. Name and Address of Current Registered Agent  BURTON, ANDRE S 4310 SHERIDAN STREET, SUITE 202 HOLLYWOOD FL 33021  City  FI  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 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  MANAGE ANDRES  STREET ADDRESS  CITY-ST-ZIP  TITLE  MANAGE ANDRES  STREET ADDRESS  CITY-ST-ZIP  TITLE  MANAGE STREET ADDRESS	Zip Confidential Zip Co	de n, and accept
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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 certificated on this specific truncated experiences.		

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.

Daytime Phone #