


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90023 010 \*\*\*\*50.00

<b>DOCUMENT # L02000023171</b>					
<b>1. Entity Name</b> <b>LINDBURGERS WEST PALM BEACH, LLC</b>					
<b>Principal Place of Business</b> 123 S. OLIVE AVENUE WEST PALM BEACH FL			<b>Mailing Address</b> 123 S. OLIVE AVENUE WEST PALM BEACH FL		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 300 S. Dixie Hwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Lantana, FL		<b>4. FEI Number</b> 02-0641064	
<b>Zip</b>		<b>Country</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
33462		USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GARY, JOHN W III 701 U.S. HIGHWAY ONE, STE 402 NORTH PALM BEACH FL 33408			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> Owner / Managing member	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b> Mark Mayers	155 Las Brisas Cir. Hypoluxo, FL 33462		<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>MARK MAYERS</u> <b>SIGNATURE REQUIRED</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
1/13/03 (561) 248-8975					
Date Daytime Phone #					

CR2E083 (1/01/02)