2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 15, 2003 8:00 am Secretary of State

DOCUMENT # L02000023669					Secretary of State			
1. Entity Name					04-16-2003 90031 012 ****50.00 07-15-2003 90017 008 ****55.00			
RACKOFF PROPERTIES, LLC					0, <b>10 2</b> 000 3001,	550		
	ce of pusiness Dis Continu	, Mailing Address	- 051	my r				
	2609 ₹ ' ' BEACH FL 32459	P.O. DRAWER 1609 SANTA ROSA BEACH FL 324	159 V ( ) .					
us		Mailing Address P.O. DRAWER 1600 SANTA ROSA BEACH FL 32459 V			irin din kanna kirin dana kakin bahk	EERIO KEES KINS OKO A		
	Place of Business	3. Mailing Address	STATE (A					
Suite, Apt.	<u> </u>	25/0 Secreta Suite, Apt. #, etc.	MINA W	4	CHECK HERE IF M	AKING CHANGES		
	SOTA	Sandsota FL.		4. FEI Nun	1627/18	<del></del> -	oplied For ot Applicable	
3424		34240	Country A.	l	ate of Status Desired	\$5.00 Add	ditional ed	
	6. Name and Address of Current f	7. Name and Address of New Registered Agent						
	rath, shannon l esq. 1 u.s. hwy 98 e	Street Address (P.O. Box Number is Not Acceptable)						
108			—— <del>— 2</del> 5	10 SECRE	TARIATWA	7		
SANTA BOSA BEACH FL 32459			City	nasota,	FL. 3424	<del></del>	e	
8. The above	pamed entities upmits this statement for	the purpose of changing its re		registered agent, or h	acth in the State of Elerida	FL 73.29		
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 physical name of registered agent as	nd title if applicable. (NOTE: I	Registered Agent signatu	re required when reinstating)	1150	<u>ما 2003</u>		
Signature, typed or phrifted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$50.00								
Make Check Payable to Florida Department of State								
9.	MANAGING MEMBER		September 24,	2003	ADDITIONS (CLIA	NOTO		
TITLE	MGRM	Delete	TITŲE	Marm	ADDITIONS/CHA	Change	☐ Addition	
NAME STREET ADDRESS	RACKOFF, STEWART D P.O. DRAWER 1609		NAME STREET ADDRESS	BACKOFF	STEWART D. ECRETARIAT W	الما	}	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		CITY-ST-ZIP		TA, FL. 3424			
TITLE	MGRM LIVINGSTON PROPERTIES, LLC	Delete	LE VIE		, 1	Change	Addition	
NAME STREET ADDRESS	P.O. DRAWER 1609	5	AME STREET ADDRESS	- D	olota			
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		CITY-ST-ZIP		CICIE			
TITLE NAME =		☐ Delete	TITLE NAME	- 1		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		,	· - •	{	
TITLE	4	☐ Delete	TITLE	_ <u>-</u>		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			_	- }	
CITY-ST-ZIP	:		CITY-ST-ZIP					
TITLE	4	☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				Ì	
CiTY-ST-ZiP	pertify that the information supplied with	his filing does not qualify for th	CITY-ST-ZIP	ed in Section 119.076	B)(i), Florida Statutes, Ligarth	er certify that the in	nformation	
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 accurage 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
estated blades								
SIGNATURE:  SIGNATURE AND TYPHO OR PRINTED NAME OF SIGNING MANAGING MEMBER NONAGER, OR AUTHORIZED REPRESENTATIVE  Date  Dayling Phone #								