

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90043 031 ****50.00

DOCUMENT # L02000023720



1. Entity Name
9112 A1A, LLC

Principal Place of Business 11380 PROSPERITY FARMS ROAD 112 PALM BEACH GARDENS FL 33410	Mailing Address 11380 PROSPERITY FARMS ROAD 112 PALM BEACH GARDENS FL 33410
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2. Principal Place of Business 8523 WENDY LANE	3. Mailing Address 8523 WENDY LANE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
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Zip 33411	Country USA	Zip 33411	Country USA
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4. FEI Number 42-1552946	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAIRCLOUGH, MICHAEL J
- 11380 PROSPERITY FARMS ROAD
112
PALM BEACH GARDENS FL 33410**

Name MYLES MINNS
Street Address (P.O. Box Number is Not Acceptable) 8523 WENDY LANE
City WEST PALM BEACH
State FL
Zip Code 33411

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

[Handwritten Signature]

3-15-03

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

[Handwritten Signature]

3-15-03

561-689-4766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)