

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000023796

FILED
Jan 09, 2003
Secretary of State

Entity Name: D & P FINGER LAKES HOLDINGS, LLC

Current Principal Place of Business:

4430 WEST TIFFANY DRIVE
MONGONIA PARK, FL 33407

New Principal Place of Business:

4430 WEST TIFFANY DRIVE
MANGONIA PARK, FL 33407

Current Mailing Address:

4430 WEST TIFFANY DRIVE
MONGONIA PARK, FL 33407

New Mailing Address:

2780 TECUMSEH DRIVE
WEST PALM BEACH, FL 33409

FEI Number: 74-3062328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, WILTON L
625 NORTH FLAGLER DRIVE 9TH FL
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

STARR, DONALD J
2780 TECUMSEH DRIVE
WEST PALM BEACH, FL 33409 US

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.

SIGNATURE: DONALD J. STARR

01/09/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: STARR, DONALD J
Address: 2780 TECUMSEH DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGRM () Change (X) Addition
Name: DIPERRI, PAUL
Address: 4955 DOLPHIN DRIVE
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DONALD J. STARR

MGRM

01/09/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date