

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90343 023 \*\*\*\*50.00

**DOCUMENT # L02000023979**

1. Entity Name

**STOWE MANAGEMENT L.L.C.**



Principal Place of Business

**222 U.S. HIGHWAY ONE, SUITE 202  
TEQUESTA FL 33469**

Mailing Address

**1801 N. FLAGLER DRIVE, APT. 312  
WEST PALM BEACH FL 33407**

40016314

2. Principal Place of Business

**2125 S. U.S. Highway One**

Suite, Apt. #, etc.

3. Mailing Address

**2125 S. U.S. Highway One**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**Jupiter, FL**

City & State

**Jupiter, FL**

4. FEI Number

**81-057-2779**

Applied For

Not Applicable

Zip

**33477**

Country

**USA**

Zip

**33477**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED  
1000 WEST AVENUE, SUITE 1114  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
O'LEARY, KEVIN C  
1801 N. FLAGLER DRIVE, APARTMENT 312  
WEST PALM BEACH FL 33407**

☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

1/20/03

561-748-9766

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

Date

Daytime Phone #

CR2E083 (10/02)