

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0013683

DOCUMENT # L02000024843

1. Entity Name  
ROCKAWAY PARTNERS, LLC



FILED

03 SEP 23 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
11900 BISCAYNE BLVD STE. 807  
MIAMI FL 33181

Mailing Address  
11900 BISCAYNE BLVD STE. 807  
MIAMI FL 33181

2. Principal Place of Business  
230 NORTH Dixie Hwy  
Suite, Apt. #, etc.  
Suite 26

3. Mailing Address  
230 NORTH Dixie Hwy  
Suite, Apt. #, etc.  
Suite 26

City & State  
Hollywood, Florida

City & State  
Hollywood, Florida

Zip Country  
33020 U.S.A.

Zip Country  
33020 U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
57-1136990

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
GLASER, ALLAN M P.A.  
11900 BISCAYNE BLVD STE. 807  
MIAMI FL 33181

7. Name and Address of New Registered Agent  
Name  
Paul J. Leight  
Street Address (P.O. Box Number is Not Acceptable)  
230 NORTH Dixie Hwy  
Suite 26  
City Hollywood FL Zip Code 33020

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 *Paul J. Leight* Paul J. Leight Managing Member

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR PAUL LEIGHT 230 N. Dixie Highway suite 26 Hollywood, FL 33020 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900023282109 09/23/03--01056--004 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Paul J. Leight* 9/23/03 954-342-5415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)