

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2003 8:00 am
Secretary of State

4/3

04-30-2003 90302 001 ***300.00

DOCUMENT # L02000024979

1. Entity Name

OYSTERBAY THREE, LLC



Principal Place of Business

Mailing Address

400 PARK AVENUE, SOUTH
SUITE 220
WINTER PARK FL 32789

400 PARK AVENUE, SOUTH
SUITE 220
WINTER PARK FL 32789

44003286

2. Principal Place of Business

221 SHELLPOINT W

3. Mailing Address

PMB 211, SUITE F

Suite, Apt. #, etc.

Suite, Apt. #, etc.

145 S. ORLANDO AVE

☒ CHECK HERE IF MAKING CHANGES

City & State

MAITLAND FL

City & State

MAITLAND FL

4. FEI Number

22-3873397

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32751

Country

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

6. Name and Address of Current Registered Agent

GARFIELD, MICHAEL
400 PARK AVENUE, SOUTH
SUITE 220
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name: Aziz Tejpar
Street: 221 Shellpoint West
Maitland, FL 32751

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	Naushik Hooda
NAME	535 Julie Lane
STREET ADDRESS	Winter Springs, FL 32708
CITY-ST-ZIP	
TITLE	Michael Garfield
NAME	2721 Bellewater Pl.
STREET ADDRESS	Oviedo, FL 32765
CITY-ST-ZIP	
TITLE	Nizar Hemani
NAME	9102 Southern Breeze Dr.
STREET ADDRESS	Orlando, FL 32836
CITY-ST-ZIP	

TITLE	AZIZ TEJPAA
NAME	221 SHELLPOINT W.
STREET ADDRESS	MAITLAND FL 32751
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

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

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

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

Date

Daytime Phone #

4/28/03 4076446119

CR2E083 (10/02)