2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000025024

7132 WILDWOOD, LLC



FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90178 022 ****50.00

		•			WE THE					
Principal Place of Business Mailing Address						_				
			1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH FL 33401				INII NII NAI KAIRA RENSE ANDER AN	<u> </u>	41 31111 88116 11	IEIS DI o s Ioog
2. Principal P	lace of Busin	ess	3. Mailing Address			-				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Nun	- 422 80	091	<u> </u>	oplied For ot Applicable
Zip Country			Zip	Zip Country			5. Certificate of Status Desired Status Desired See Required See Required			
6. Name and Address of Current Registered Agent						7. Name a	nd Address of New	Registered A	gent	
		المراجعة المراجعة	عد محد المدار الماد الماد الماد	- = -	Name		a service serv	- بنت تنت	 ,]
MAPES, PAUL 1601 BELVEDERE ROAD					Street Addres	treet Address (P.O. Box Number is Not Acceptable)				
SUITE 407 SOUTH WEST PALM BEACH FL 33401									T	
					City			FL	Zip Cod	le
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 N	OW!!!	FEE IS \$50.00	0	i			Į.
			Make Check Payab		•					
			_		ay 1, 2003					l
9.		MANAGING MEMBE		10.			ADDITIONS	COLIANOFO		
	NCD	MANAGING MEMBE		_			ADDITIONS	/CHANGES		
TITLE	MGR	M IN	☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS	METZ, JC			NAM	EET ADDRESS					
CITY-ST-ZIP		VEDERE ROAD			'-ST-ZIP					ſ
	WEST PA	LM BEACH FL 33401		_						
TITLE			☐ Delete	TITL	l				☐ Change	☐ Addition
NAME				NAM						
STREET ADDRESS				•	EET ADDRESS -ST-ZIP					1
CITY-ST-ZIP							-			
TITLE			☐ Delete	TITL			وجود مصدرت	·	☐ Change	☐ Addition
NAME OTOTET ADDRESS				NAM	l					
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS - ST-ZIP					ľ
TITLE			☐ Delete	TITL					Change	☐ Addition
NAME STREET ADDRESS				NAM	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					1
				-						
TITLE			☐ Delete	TITLI	ſ				☐ Change	☐ Addition
NAME CERCET ADDRESS				NAM	1					
STREET ADDRESS CITY-ST-ZIP					:ET ADDRESS -ST-ZIP					
					- 					
TITLE			Delete	TITU	i				Change	☐ Addition
NAME STREET ADDRESS				NAM						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS					}
//					-ST-ZIP	0	NO FILL O	I de la de la companya de la company	·	
. i. i nereby c	erriv that the	iniormation supplied with	n thas filing does not qualify fo	r the exe	motion stated in :	Section 119 070	sicu Florida Statutes	Lituriner corti	to that the ir	normation

Indicated on this report is true and accurate and that ming does not quality for the exemption stated in section 119.07 (3)1), Florida statutes, further centry that the informatic 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 trueslee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4-25-03

Date

561-684-2001