

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

4/18

04-18-2003 90079 030 ****50.00

DOCUMENT # L02000025168

1. Entity Name
THREE C PROPERTIES, L.L.C.



Principal Place of Business
**7369 WESTPORT PLACE
WEST PALM BEACH FL 33413
US**

Mailing Address
**7369 WESTPORT PLACE
WEST PALM BEACH FL 33413
US**

44001371



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-2300388

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORNWELL, CHARLES C
7369 WESTPORT PLACE
WEST PALM BEACH FL 33413**

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	member, Managing Charles Cornwell 7369 Westport Place West Palm Beach 33413	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member George Cornwell, Jr. 15751 Augustine Ave. Los Gatos, CA 95030	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member Timothy Cornwell 9275 South Bates Rd. Palm Beach Gardens, FL 33418	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, Treasurer	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chairman	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

5/12/03 4:16:03

561 845 0123

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

Date

Daytime Phone #

CR2E083 (10/02)