

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

07-25-2003 90065 029 \*\*\*\*50.00

**DOCUMENT # L02000025863**

1. Entity Name

7900 U.S. HIGHWAY ONE, LLC



Principal Place of Business

~~855 S. FEDERAL HIGHWAY, SUITE 210-~~  
~~BOCA RATON FL 33432~~

Mailing Address

~~855 S. FEDERAL HIGHWAY, SUITE 210-~~  
~~BOCA RATON FL 33432~~  
4094 N.W. 57TH STREET  
BOCA RATON, FL. 33496-2732

55053512

2. Principal Place of Business

4094 NW 57TH STR.

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

BOCA RATON, FL.

City & State

4. FEI Number

010749554

Applied For

Not Applicable

Zip

Country

U.S.A.

Zip

Country

FLORIDA

33496-2732

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLITS, RYAN E ESQ.  
~~G/O WILLITS & LINZNER, P.A.~~  
1001 W. CYPRESS CREEK RD.  
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name WILLITS, RYAN, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
1001 W. CYPRESS CREEK ROAD  
City FORT LAUDERDALE FL Zip Code 33309

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]*

Signature of individual or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/21/03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	BALASSIANO, RAYMOND	
STREET ADDRESS	<del>855 S. FEDERAL HIGHWAY, SUITE 210</del>	
CITY-ST-ZIP	BOCA RATON FL 33402	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	PRESIDENT MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALASSIANO, RAYMOND	
STREET ADDRESS	4094 N.W. 57TH STREET	
CITY-ST-ZIP	BOCA RATON, FL. 33496-2732	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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]*

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

7/21/03 (561) 893-0388

Date

Daytime Phone #

CR2E083 (4/03)



*Attachment*

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 29, 2003

7900 U.S. HIGHWAY ONE, LLC  
4094 NW 57TH STREET  
BOCA RATON, FL 33496-2732 US

*55053512*  
*#L02000025863*

Subject: 7900 U.S. HIGHWAY ONE, LLC

Reference Number: L02000025863

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/gs

ANNUAL REPORTS SECTION

*01-0749554*