

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 24, 2003 8:00 am
Secretary of State

09-24-2003 90046 040 ****50.00

DOCUMENT # L02000027255

1. Entity Name
FLORIDA TRUST ASSOCIATES LLC



Principal Place of Business Mailing Address
6307 CORAL LAKE DRIVE **6307 CORAL LAKE DRIVE**
MARGATE FL 33063 **MARGATE FL 33063**

2. Principal Place of Business 3. Mailing Address
405 N OCEAN BLVD **405 N OCEAN BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
507 **507**

City & State City & State
Pompano Bch, FL **Pompano Bch, FL**

Zip Country Zip Country
33602 **FL** **33602** **FL**

4. FEI Number Applied For
13-4217012 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **JEFF PARADY**
 Street Address (P.O. Box Number is Not Acceptable)
~~405 N OCEAN BLVD~~ **405 N. OCEAN BLVD #507**
 City **Pompano Bch** **FL** Zip Code **33602**

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 *Jeff Parady* **JEFF PARADY** **9-2-03**
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	MGR PARADY, JEFF 6307 CORAL LAKE DRIVE MARGATE FL 33063	<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
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
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: *Jeff Parady* **JEFF PARADY** **9-2-03** **954-709-7778**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)