

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

7/9/200

FILED
Aug 14, 2003 8:00 am
Secretary of State

07-09-2003 90023 010 ****50.00

DOCUMENT # L02000027269

1. Entity Name
CARRY-OUT PARTNERS, LLC



Principal Place of Business
**C/O JOHN F. SWANSON
3003 CARDINAL DRIVE, STE.B
VERO BEACH FL 32963**

Mailing Address
**C/O JOHN F. SWANSON
3003 CARDINAL DRIVE, STE.B
VERO BEACH FL 32963**

55054133

2. Principal Place of Business

Suite, Apt. #, etc.
1409 A1A

City & State
VERO BEACH FL

Zip
32963

Country

3. Mailing Address

Suite, Apt. #, etc.
3305 FLAMINGO DR

City & State
VERO BEACH, FL

Zip
32963

Country
USA

4. FEI Number
05 05 36651

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. Name and Address of Current Registered Agent
**CALDWELL, WILLIAM W ESQ
COLLINS, BROWN, CALDWELL BARKETT ET AL
758 BEACHLAND BLVD.
VERO BEACH FL 32963**

9. 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 withdrawing)

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	MICHAEL DUNNE PRESIDENT 555 10TH COURT VERO BEACH, FL. 32962	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER CRAIG T. BOTHWELL 6495 36 PLACE VERO BEACH, FL. 32960	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARTNER DR. HAL BROWN 1149 GOVERNORS WAY VERO BEACH, FL. 32963	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING PARTNER JOHN F. SWANSON 6426 33RD LANE VERO BEACH, FL. 32960	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES	☐ 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
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 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

7/3/03 1728 734-1878

Daytime Phone #

CR2E083 (10/02)