

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90212 005 \*\*\*\*55.00

**DOCUMENT # L02000027403**

1. Entity Name

~~AZALEA TRAILER COURT, LLC~~

AZALEA TRAILER COURT, L. L. C.



Principal Place of Business

601 SW 27TH AVENUE  
FT. LAUDERDALE FL 33312

Mailing Address

601 SW 27TH AVENUE  
FT. LAUDERDALE FL 33312

00011000

2. Principal Place of Business

Mailing Address

123 North Congress Avenue

Suite, Apt. #, etc.

Suite Number 304

City & State

Boynton Beach, FL 33426

City & State

Zip

Country

JUDY GAYNES  
ACCOUNTING SERVICES, INC.  
123 North Congress Avenue  
Suite Number 304  
Boynton Beach, Florida 33426

Country

USA

4. FEI Number

04-3723040

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of C

~~HALLIDAY, ROBERT~~

~~3019 HARBOR DRIVE, APT. 18~~

~~FT. LAUDERDALE FL 33318~~

7. Name and Address of New Registered Agent

Name

DAVID M. GAYNES, ESQUIRE

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

2736 Misty Oak Circle

Royal Palm Beach, Florida 33411

City

FL 33411

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 *David M. Gaynes* DAVID M. GAYNES, ESQUIRE (954) 801-2712

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

10.

ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member ROBERT HALLIDAY III 10731 Hawks Vista Plantation, Florida 333424	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E083 (10/02)

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: *Robert Halliday III* ROBERT HALLIDAY, III

1-11-2002

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

Date

Daytime Phone #