

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

05-13-2003 90014 029 ****50.00

DOCUMENT # L02000027421

1. Entity Name

TRUE 680, LLC



Principal Place of Business

Mailing Address

G/O ADORNO & YOGG, P.A.
700 SOUTH FEDERAL HWY., STE. 200
BOCA RATON FL 33432

G/O ADORNO & YOGG, P.A.
700 SOUTH FEDERAL HWY., STE. 200
BOCA RATON FL 33432

44004299

2. Principal Place of Business

3. Mailing Address

C/O Arnstein & Lehr
Suite, Apt. #, etc.
515 N. Flagler Drive, Ste. 600
City & State
West Palm Beach, FL

C/O Arnstein & Lehr, 515 N. Flagler Dr.
Suite, Apt. #, etc.
Suite 600
City & State
West Palm Beach, FL

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip

Country

Zip

Country

33401

USA

33401

U.S.A.

4. FEI Number

56-2343209

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUSTIN, SCOTT R
700 SOUTH FEDERAL HWY., STE. 200
BOCA RATON FL 33432

Name
AUSTIN, SCOTT R.
Street Address (P.O. Box Number is Not Acceptable)
515 N. Flagler Drive, Sixth Floor
West Palm Beach
City
West Palm Beach FL Zip Code
33401

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 SCOTT R. Austin SCOTT R. Austin, as Registered Agent 11/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
Manager
James Orthwein
50 Lock Road
Deerfield Beach, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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10. ADDITIONS/CHANGES

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☐ Change ☐ Addition

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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: SCOTT R. Austin AUTHORIZED REPRESENTATIVE 4/4/03 561-833-9800
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CFR2083 (10/02)