

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92173 013 *****50.00

0055916

DOCUMENT # L02000027730

1. Entity Name
SOUTHPOINTE II, LLC



Principal Place of Business

**3701 S.W. 112TH AVENUE
DAVIE FL 33330**

Mailing Address

**3701 S.W. 112TH AVENUE
DAVIE FL 33330**

2. Principal Place of Business

3. Mailing Address

7901 SW 6CT

7901 SW 6CT

Suite, Apt. #, etc.
STE 150A

Suite, Apt. #, etc.
STE 150A

City & State
PLANTATION FL

City & State
PLANTATION FL

Zip
33324

Zip
33324

Country
FLORIDA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
41-2065257

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DANIELS, NICHOLAS M ESQ.
C/O THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE, SUITE 2400
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
FRANK C GARDNER

Street Address (P.O. Box Number is Not Acceptable)
7901 SW 6CT

STE 150A

City
PLANTATION FL

Zip Code
33324

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 **Frank C Gardner**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-03
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

TITLE
PD
NAME
FRANK C GARDNER
STREET ADDRESS
7901 SW 6CT STE 150A
CITY-ST-ZIP
PLANTATION FL 33324

☐ Change ☒ Addition

TITLE
D
NAME
W JOHN DISCOIL
STREET ADDRESS
FIRST NATL BK BLDG
CITY-ST-ZIP
ST PAUL MN

☐ Change ☒ Addition

TITLE
ST
NAME
LUCETTE L F H Z GERALD
STREET ADDRESS
7901 SW 6CT STE 150A
CITY-ST-ZIP
PLANTATION FL 33324

☐ Change ☒ Addition

TITLE
VP
NAME
PETER C GARDNER
STREET ADDRESS
7901 SW 6CT STE 150A
CITY-ST-ZIP
PLANTATION FL 33324

☐ 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: **Frank C Gardner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-29-03 954 8621428
Date Daytime Phone #

CR2E083 (10/02)