

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 92166 011 ****50.00

DOCUMENT # L02000028378

1. Entity Name
LANTANA PLAZA, LLC



Principal Place of Business
308 NORTH EAST COAST AVE.
LANTANA, FL 33462

Mailing Address
308 NORTH EAST COAST AVE.
LANTANA, FL 33462

2. Principal Place of Business
131 YACHT CLUB WAY

Suite, Apt. #, etc.
308

City & State
HYPOLEXO, FL

Zip Country
33462 USA

3. Mailing Address
131 YACHT CLUB WAY

Suite, Apt. #, etc.
308

City & State
HYPOLEXO, FL

Zip Country
33462 USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3764798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SINCLAIR, BRIAN
306 N. EAST COAST AVE.
LANTANA, FL

7. Name and Address of New Registered Agent

Name **SINCLAIR, BRIAN**
Street Address (P.O. Box Number is Not Acceptable)

4512 N FLAGLER DR. # 201
City **W PALM BEACH** FL Zip Code **33407**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME **MANAGING MEMBER**
STREET ADDRESS **BRIAN T. SINCLAIR**
CITY-ST-ZIP **131 YACHT CLUB WAY, # 308**
HYPOLEXO, FL 33462

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 60B, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (10/02)