

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

5/2

05-02-2003 90568 047 ****50.00

DOCUMENT # L02000028640

1. Entity Name

MULBERRY A, LLC



Principal Place of Business

Mailing Address

1877 S. FEDERAL HIGHWAY, SUITE 202
ONE ROYAL PALM PLACE
BOCA RATON FL 33432

1877 S. FEDERAL HIGHWAY, SUITE 202
ONE ROYAL PALM PLACE
BOCA RATON FL 33432

44004003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHROEDER, MICHAEL A ESQ.
C/O SCHROEDER AND LARCHE, P.A.
120 EAST PALMETTO PARK ROAD, SUITE 150
BOCA RATON FL 33432

Name

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

City

FL

Zip Code

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, the registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee 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

TITLE: MANAGER Delete
NAME: WILLIAM J. HASLEY, JR.
STREET ADDRESS: 1877 S. FED. HWY SUITE 202
CITY-ST-ZIP: BOCA RATON, FL 33432

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

TITLE: Delete
NAME: Delete
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CITY-ST-ZIP: Delete

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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:

William J. Hasley, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/03

Date

Daytime Phone #

CR2E083 (10/02)