

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90579 027 ****50.00

0025179

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1. Entity Name

FOURTEEN HUNDRED PARTNERS, LLC



Principal Place of Business

Mailing Address

**317 EAST ACRE DRIVE
PLANTATION FL 33317
US**

**317 EAST ACRE DRIVE
PLANTATION FL 33317
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

C/O Flynn Engineering Services PA

1512 E. Broward Blvd

Ft. Lauderdale FL

33301

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

03-0494132

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

**KRIPS, THOMAS
317 EAST ACRE DRIVE
PLANTATION FL 33317**

Name

Jay M. Flynn

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

C/O FLYNN Engineering Services, PA

1512 E. Broward Blvd., Ste 100A

City

Ft. Lauderdale

FL

Zip Code

33301

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

Jay M. Flynn, Partner

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

(NOTE: Registered Agent signature required when reinstating)

4-30-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KRIPS, THOMAS
317 EAST ACRE DR
PLANTATION FL 33317** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LAVALLEE, JAMES
317 EAST ACRE DR
PLANTATION FL 33317** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2400 E. LAS OLAS Blvd., Ste 160
Ft. Lauderdale, FL 33301** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FLYNN, JAY
317 EAST ACRE DR
PLANTATION FL 33317** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
1512 E. Broward Blvd., Ste 100A
Ft. Lauderdale, FL 33301** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FRANCO, ANGEL
317 EAST ACRE DR
PLANTATION FL 33317** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1492 E. Broward Blvd., Ste A
Ft. Lauderdale FL 33301** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

Jay M. Flynn

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

4-30-03

Date

(954) 522-1004

Daytime Phone #

CR2E083 (10/02)