## 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L02000028707

## FOURTEEN HUNDRED PARTNERS, LLC



May 02, 2003 8:00 am Secretary of State

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

				<b>7</b>	60 m	TER	,				
Principal Plac	ce of Business		Mailing Address								
317 EAST ACRE DRIVE PLANTATION FL 33317 US			317 EAST ACRE DRIVE PLANTATION FL 33317 US			1 1001	Ali kii Adlik Kals Bai	AL RALL ARTIC ROCE	6 (1000) (8)(1) (808(1) 0)	ENIE 1861 1881	
2. Principal f	Place of Business		3. Mailing Address  C/O Flynn Engineering Service			s PA					
Suite, Apt.	. #, etc.		Suite, Apt, #, etc.	Suite, Apt. #, etc. 1512 E. Broward Blud				🖪 СНЕСК Н	ERE IF MAKIN	NG CHANGES	
City & State			City & State Ft. Lauderdale FL			4. FEI Num	ber <b>5494</b> 13	3.2_	<del> </del>	oplied For ot Applicable	
Zip	Co	Zip 3:330	Zip Country			5. Certificate of Status Desired S5.00 Additional Fee Required					
	6. Name and	Address of Current Re	aistered Agent	istered Agent			7. Name and Address of New Registered Agent				
* p= 4 = 1,#		Name									
KRI			Jay M. Flynn								
	EAST ACRE DE		Street Address (				P.O. Box Number is Not Acceptable) TYNN Engineering Services, PA				
PLA	INTATION FL 33	317		i				oward 6	,	Ste 100 A	
		City			. 1	1 1	F	Zip Code	e ,		
0 The share		14.	Laude								
			ne purpose of changing its	s registere	ea onice or	registere	eo agent, or b	oth, in the State (	orrionda, ran	n ramiiar with,	and accept
the obligations of registered agents  SIGNATURE Tay M. Flynn, Pariner  4-30-03											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!						50.00					ĺ
			Make Check Payab	Make Check Payable to Florida Departmen			nt of State				1
			. Du	e By Ma	ay 1, 2003	3		ii			1
9.		MANAGING MEMBERS	MANAGERS	10.				ADDITIO	ONS/CHANGE		
<b>JITLE</b>	MGR		☐ Delete	TITLE		MGI	<b>ZM</b>			Change	Addition
NAME	KRIPS, THOM	AS		NAM	E					<i>,</i> ,	( )
* STREET ADDRESS	317 EAST AC	re dr			ET ADORESS						1
CITY-ST-ZIP	PLANTATION	FL 33317		CITY	-ST-ZIP						
TITLE	MGRM		☐ Delete	TITLE	1					Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP	317 EAST AC		ET ADDRESS   -ST-ZIP	s a400 E.LAS olas Blod., Ste 160 Ft. Lauderdale, FL 38301							
TITLE	PLANTATION	FL 33317	Пъ		<del></del>	MG!		Jaie, Fi	- 2020		- Addition
NAME -	MGRM  ==FLYNN;=JAY=	رايراهم المستجهرمة فالتجاجين	☐ Delete	TITLE NAMI	, ,		•			Change Change	☐ Addition ]
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CITY-ST-ZIP	PLANTATION		CITY-ST-ZIP			Ft.	Ft. Lauderdale FL 33301				
TITLE	MGRM		☐ Delete	TITLE						Change	☐ Addition
NAME	FRANCO, AN	GEL		NAM	E [		. ــ ۵		ملاء لدرا		ĺ
STREET ADDRESS	317 EAST AC	re dr			ET ADDRESS	144	2 E 2	roward B	, , , ,		
CITY-ST-ZIP	PLANTATION	FL 33317		CITY	-ST-ZIP	F4.	Lauderd	lale FL	<u> 333%</u>	<del></del>	
TITLE	ļ		☐ Delete	TITLE						☐ Change	☐ Addition
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CITY-ST-ZIP	•	,			-ST-ZIP						
11. I hereby o	certify that the info	mation supplied with the	is filing does not qualify to	r the ever	motion state	ad in Sec	tion 119.07/3	Wil Florida Statu	ton Uturthor o	ortifu that the in	formation

Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-03

(954) SZZ-1064