

AMENDED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

04-18-2003 90077 003 ****50.00

09-23-2003 90024 010 ****50.00

FILED L02000029559

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 27 PM 12:58

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DOCUMENT # L02000029559

1. Entity Name

PARTNERS OF PASCO, LLC



Principal Place of Business

Mailing Address

12002 MIRAMAR PARKWAY
MIRAMAR FL 33025

12002 MIRAMAR PARKWAY
MIRAMAR FL 33025

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

593762204

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

~~LOOKER-THOMAS H~~
~~12002 MIRAMAR PARKWAY~~
~~MIRAMAR FL 33025~~

Name DAVID M. HOWELL, MGRM

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

12002 MIRAMAR PKWY

City MIRAMAR

FL

Zip Code 33025

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME GENERAL PARTNER ☐ Delete
STREET ADDRESS DAVID M. HOWELL, MGRM
CITY-ST-ZIP 12002 MIRAMAR PKWY
MIRAMAR, FL 33025 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED MANAGING MEMBER

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

Date

Daytime Phone #

CR2E083 (4/03)