


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90055 013 \*\*\*\*50.00

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<b>DOCUMENT # L02000029722</b>	
1. Entity Name <b>PAYLESS PROPERTIES, LLC.</b>	

Principal Place of Business <b>3313 HYPOLUXO RD LANTANA FL 33462 US</b>	Mailing Address <b>3313 HYPOLUXO RD LANTANA FL 33462 US</b>
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2. Principal Place of Business <b>4500 BELVEDERE RD</b>	3. Mailing Address
Suite, Apt. #, etc. <b>B</b>	Suite, Apt. #, etc.
City & State <b>HAVERHILL</b>	City & State
Zip <b>33415</b>	Country <b>Palm Beach</b>



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>04-3721525</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>BEAUDOUIN, EDWARD A 3313 HYPOLUXO RD LANTANA FL 33462</b>		7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 registered agent.

SIGNATURE *Edward A. Baudouin* (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
NAME <b>MGRM BEAUDOUIN, EDWARD A</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3313 HYPOLUXO RD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LANTANA FL 33462</b>		CITY-ST-ZIP	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>NAME</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Edward A. Baudouin* **4-29-03** **561-541-4663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CF2E083 (10/02)