2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000030672

GLASSMAN PROPERTIES, LLC



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

561-142-4910

<u>27303</u>

03-07-2003 90013 034 ****50.00

			CO VE TO				
Principal Place of Business 1000 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 3343S			Mailing Address 1000 SOUTH FEDERAL HIGHWAY BOYNTON BEACH FL 33435		1144 - 11 44 - 1144 - 1144 - 11 44 - 1 444	a teu arr e and a r e	
2. Principal Place of Business		3. Mailing Address					
Suite, Apl. #. etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 82 ~ 05772	249	Applied For Not Applicat	ole
Zip	Country	Zip	Country	5. Certificate of Status Desired	Fee Ro	O Additional equired	<u>.</u>
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New	Registered Agent		_
- 269	RPCO, INC. 9 SOUTH BAYSHORE DRIVE, MI FL 33435	SEVENTH FLOOR	Street Address	(P.O. Box Number is Not Acceptab	ole)		
			City		FL Zig	Code	\neg
the obligations	dons of registered agent.		ts registered office or registe	ered agent, or both, in the State of F	korida. I am familiar	with, and accep	it
SIGNALORE	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered Agent signature require	sd when reinstating)	DATE		_
		Make Check Payal	IOW!!! FEE IS \$50.00 ble to Florida Departma ue By May 1, 2003	3			
9.		EMBERS/MANAGERS	10.	ADDITIONS	S/CHANGES	•	コュ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER Glassman Realty, 1000 So. Federal Boynton Beach, F	.Highway	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ı	□ Ch	ange 🗌 Additio	SCR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Larry D. Glassman 3043 Ayrshire Lan Boca Raton, FL 3	□ Delete O. O.e	TITLE NAME STREET ADDRESS CITY-ST-ZIP		_ cn	ange 🔲 Additio	# B
NAME - STREET ADDRESS-	Manager Steven M. Glassma 3862 South Lake	Delete	TITLE NAME STREET ADDRESS		□ Ch	ange 🔲 Additio	n
TITLE NAME STREET ADDRESS	Boynton Beach, F	T. 33435 □ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		Ch;	ange Additio	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Cha	ange 🔲 Additio	n
TITLE NAME STREET ADDRESS CITY-SI-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	ange Addition	n.
indicated	certify that the information supplied on this report is true and accurate bility company or the receiver or to	and that my signature shall have	the same legal effect as if r	ection 119.07(3)(i), Florida Statutes, made under oath; that I am a mana ster 608, Florida Statutes.	I further certify that ging member or ma	the information nager of the	7

SIGNATHARY REGASSINAS, Manager

SIGNATURE: PRINTED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE