

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0001812

DOCUMENT # L02000030782

1. Entity Name  
MCCULLOH & ASSOCIATES, L.C.



FILED

03 DEC -3 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
2199 PONCE DE LEON BOULEVARD  
SUITE 301  
CORAL GABLES FL 33134

Mailing Address  
2199 PONCE DE LEON BOULEVARD  
SUITE 301  
CORAL GABLES FL 33134



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

12/3  CHECK FEE IF MAKING CHANGES

4. FEI Number  
51-0443210

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

~~LOUIS STINSON, JR., P.A.~~  
~~2199 PONCE DE LEON BOULEVARD~~  
~~SUITE 301~~  
~~CORAL GABLES FL 33134~~

Name  
STEWART AGENT SERVICES

Street Address (PO Box Number is Not Acceptable)  
~~2199 Ponce de Leon Blvd~~ #301

City  
CORAL GABLES FL Zip Code  
33134

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]* DATE 11/29/03

(NOTE: Registered Agent signature required when reinstating)

**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 MGRM MCCULLOH, MARK  Delete  
STREET ADDRESS ~~5003 DELVIN COURT~~  
CITY-ST-ZIP ~~ORLANDO FL 32821~~

TITLE  
NAME MGRM MCCULLOH, MARK  Change  Addition  
STREET ADDRESS 5331 CENTRAL FL. PKWY #130  
CITY-ST-ZIP ORLANDO, FL 32821

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

600024388636  
11/03/03--01101--010 \*\*150.00

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

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: *[Signature]* DATE: Sept 20, 2003 NAME: MGRM

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

CR2E083 (4/03)