

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90121 002 \*\*\*\*50.00

**DOCUMENT # L02000031078**

1. Entity Name

**INFINITI REALTY LLC**



Principal Place of Business

511 N. OCEAN SHORE BLVD.  
FLAGLER BEACH FL 32136

Mailing Address

511 N. OCEAN SHORE BLVD.  
FLAGLER BEACH FL 32136

**55036430**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**33-1035269**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ONEILL, SHAWN W**  
**2850 OCEAN SHORE BLVD.**  
**UNIT #6**  
**ORMOND BEACH FL 32176**

7. Name and Address of New Registered Agent

Name **Shawn W. O'Neill**  
Street Address (P.O. Box Number is Not Acceptable)  
**62 Villa Lago Lane**  
City **Ormond Beach** FL Zip Code **32174**

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

*Shawn W. O'Neill*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/29/03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **President** ☐ Delete  
NAME **Shawn W. O'Neill**  
STREET ADDRESS **62 Villa Lago Lane**  
CITY-ST-ZIP **Ormond Beach, FL, 32174**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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NAME  
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 OF MANAGED**

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

**8/29/03**

Date

Daytime Phone #

CFR2083 (4/03)