

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L02000031112

DOCUMENT # 1. Entity Name 6452 Markel Street LLC (Document No. L02000031112)	
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04 APR -5 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 429 South Beach Road Suite, Apt. #, etc.	3. Mailing Address 429 South Beach Road Suite, Apt. #, etc.
City & State Hobe Sound, Florida	City & State Hobe Sound, Florida
Zip 33455	Country USA

BKR

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4. FEE Number 32-0043009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Robert S. Kramer	
Street Address (P.O. Box Number is Not Acceptable) 853 SE Monterey Commons Blvd.	
City Stuart	FL Zip Code 34996

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE	Manager Barbara U. Birdsey P.O. Box 279, 1000 Main Street West Barnstable, MA 02668	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Manager Nephela Domencich 429 South Beach Road Hobe Sound, FL 33455	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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: Barbara U. Birdsey March 30, 2004 508-362-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)

CSC.

CORPORATION SERVICE COMPANY

L02000031112

ACCOUNT NO. : 072100000032

REFERENCE : 542136 4313369

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : April 2, 2004

ORDER TIME : 9:27 AM

ORDER NO. : 542136-005

CUSTOMER NO: 4313369

CUSTOMER: Clifford Esher, Paralegal
Day, Berry & Howard
260 Franklin Street

Boston, MA 02110-3179

ANNUAL REPORT FILING

NAME: 6452 MARKEL STREET, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Angela Reynolds-EXT#2934

EXAMINER'S INITIALS:

BK

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TALLAHASSEE, FLORIDA

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