

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0003223

DOCUMENT # L02000031140

1. Entity Name

PRINCETON (ELEVEN) EXCHANGE ACCOMODATORS, LLC



FILED

03 JUL 16 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

~~230 JOHN KNOX ROAD, SUITE TWO~~  
TALLAHASSEE FL 32303

~~230 JOHN KNOX ROAD, SUITE TWO~~  
TALLAHASSEE FL 32303

2. Principal Place of Business

1423 N Bronough St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tallahassee FL

City & State

4. FEL Number

Applied For

☒ Not Applicable

Zip  
32303

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

Name

GAY, ARTHUR C

230 JOHN KNOX ROAD, SUITE TWO  
TALLAHASSEE FL 32303

Street Address (P.O. Box Number is Not Acceptable)

1423 N Bronough St

City  
Tallahassee

FL

Zip Code  
32303

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE *Mgr* *Arthur C GAY* ☐ Delete  
NAME  
STREET ADDRESS *1423 N Bronough St*  
CITY-ST-ZIP *Tallahassee FL 32303*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP *05/06/03--01001--002 \*\*1170.00*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Required*

*7/02/03 850 686-8425*

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

Date

Daytime Phone #

CR2E083 (10/02)