

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0006468

DOCUMENT # L02000031314

1. Entity Name

AMIGOS X, LLC



FILED

03 JUL 29 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

455 S. ORANGE AVENUE, SUITE 500
ORLANDO FL 32801

Mailing Address

455 S. ORANGE AVENUE, SUITE 500
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0808294

Applied For

Not Applicable

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

HYLTIN, ANDREW A

455 S. ORANGE AVENUE, SUITE 500
ORLANDO FL 32801

Name

JOHN HYLTON

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

455 S. ORANGE, SUITE 500

City

ORLANDO

FL

Zip Code

32801

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

6/30/03

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 NAME ANDREW A. HYLTON ☒ Delete
STREET ADDRESS 455 S. ORANGE AVE, STE 500
CITY-ST-ZIP ORLANDO, FL 32801

TITLE NAME JOHN HYLTON MGRM ☐ Change ☒ Addition
STREET ADDRESS 455 S. ORANGE AVE SUITE 500
CITY-ST-ZIP ORLANDO, FL 32801

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 Andrew A. Hylton

4-15-03

4075813979

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

Date

Daytime Phone #

CR2E083 (10/02)