

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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

03-12-2003 90012 015 \*\*\*\*50.00

DOCUMENT # L02000031652

1. Entity Name

HWY 280 TRACT LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6530 W ROGERS CIRCLE

3. Mailing Address

SAME

Suite, Apt. #, etc.

# 31

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

4. FEI Number

04-3725814

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGRM

SEAN M LEDER

6530 W ROGERS CIRCLE #31

BOCA RATON, FL 33487

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGRM

SAMUEL J SPARLIN

4657 WYNMEAD PARK

MARIETTA, GA 30067

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

3/1/03 561-995-7878

CR2E083B (12/02)