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

SIGNATURE:

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

DOCUMENT # L02000033252

1. Entity Name



## FILED Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90002 038 \*\*\*\*50.00

941 9259671

2003

| RONFIE                 | ELD DEVELOPMENTS,   | LLC                              |   |  |
|------------------------|---|----------------------------------|---|--|
| 1                      | DO NOT WRITE  | IN THIS S                        | PACE  |  |
| 2. Principal P         | lace of Business  | 3. Mailing Address               |   |  |
| 3ARAS >                |   | 4586 CHASIC                      | DAKS DRIVA  |  |
| Suite, Apt. #, etc.    |   | Suite, Apt. #, etc.              |   | DO NOT WRITE IN THIS SPACE   |
|                        |   |                                  |   |  |
| City & State           | е .   | City & State                     | FCORI DA  | 4. FEI Number  APPLIED FOR Not Applicable  |
| Zip                    | Country   | Zip<br>34241                     | Country USA   | 5. Certificate of Status Desired   \$5.00 Additional Fee Required  |
|                        |   | 3F=11                            |   | 7. Name and Address of Current Registered Agent  |
|                        | DO NOT W  | IDITE                            |   | SR.N ASRAHAMS  |
|                        |   |                                  | Street Addre  | ss (P.O. Box Number.is Not Acceptable)   |
|                        | IN THIS SP  | PAGE                             | 4586  | CHASE DAND DRIVE   |
|                        |   |                                  | City C NA   | S=TA FL Zip Code 34241   |
| the obligati           | ions of registered agent.  Signature, typed or printed name of registered agent   | and title if applicable.         |   | DATE   |
| .♥                     |   |                                  | FEE IS \$50.00<br>ble to Florida Depart<br>DUE BY MAY 1           | ment of State  |
| 9.                     | MANAGING MEMBE  | ERS/MANAGERS                     |   |  |
| TITLE                  | MR  |                                  | TITLE   | o responsable de la presidencia de la companya de l  |
| NAME                   | PETER JONES   |                                  | NAME  |  |
| STREET ADDRESS         | 4586 CHASE BAKS TO  | RIVI                             | STREET ADDRESS  |  |
| CITY-ST-ZIP            | SMASSTA FLORIDA   | 4 3x241                          | CITY-ST-ZIP   |  |
| TITLE                  | MR  |                                  | TITLE   | render ar type til der skrivere og her til en skrivere til en en sterre krivet i greg dette krivet i krivet av   |
| NAME                   | BRIM NORTHAMS   |                                  | NAME  |  |
| STREET ADDRESS         | 4586 CHASE DAKS -   | Daive                            | STREET ADORESS  |  |
| CITY-ST-ZIP            | SMASOTA FUR   | 210A 34241                       | CITY-ST-ZIP   |  |
| TITLE                  | ·   |                                  | TITLE   |  |
| NAME                   |   |                                  | NAME  |  |
| STREET ADDRESS         |   |                                  | STREET ADDRESS  | DO NOT WRITE   |
| CITY - ST - ZIP        |   |                                  | The rest in contract of the contract of                           |  |
| TITLE                  |   |                                  | TITLE<br>NAME   | IN THIS SPACE  |
| NAME<br>STREET ADDRESS |   |                                  | NAME.<br>STREET ADDRESS   |  |
| CITY-ST-ZIP            |   |                                  | CITY-ST-ZIP   |  |
|                        |   | <del></del> ,                    | TITLE   |  |
| TITLE<br>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   |  |
| 11. Thereby o          | certify that the information supplied with on this report is true and accurate and infility company or the receiver or truet. | h this filing does not qualify f | or the exemption stated in the same legal effect as required by C | n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the napter 608. Florida Statutes. |