

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

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90325 001 \*\*\*\*55.00

DOCUMENT # L02000033824

1. Entity Name

MORTON L. LIVINGSTON CONSTRUCTION, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7279 W. Senate St.

3. Mailing Address

PO Box 5

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Ogden, FL

City & State

Fort Ogden, FL

4. FEI Number

42-1561866

Applied For

Not Applicable

Zip

34267

Country

USA

Zip

34267

Country

USA

5. Certificate of Status Desired

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\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Vincent A. Sica

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

10 S. DeSoto Ave., Suite 101

City Arcadia

FL

Zip Code 34266

**DO NOT WRITE  
IN THIS SPACE**

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

*Vincent A. Sica*

Vincent A. Sica

2/11/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

~~DUE BY MAY 1~~

9. MANAGING MEMBERS / MANAGERS

TITLE NAME  
MGRM  
Morton L. Livingston  
STREET ADDRESS  
PO Box 5, 7279 W. Senate St.  
CITY-ST-ZIP  
Fort Ogden, FL 34267

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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: *Morton L. Livingston* Morton L. Livingston 02-11-03 863 494 3670

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

Date

Daytime Phone #

CR2E083B (12/02)