

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90899 038 \*\*\*\*\*55.00

**DOCUMENT #** L02000033998

1. Entity Name

CULLIMORE-1, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4988 Pelican Manor

Suite, Apt. #, etc.

Coconut Creek.

City & State

Florida

Zip

33073

Country

USA

3. Mailing Address

4988 Pelican Manor

Suite, Apt. #, etc.

Coconut Creek

City & State

Florida

Zip

33073

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

82-0578363

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Natalie C. Ross

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

4988 Pelican Manor

Coconut Creek.

City

Florida

FL

Zip Code

33073

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  
MGR  
Natalie C. Ross  
4988 Pelican Manor.  
Coconut Creek, FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:**

Natalie C. Ross

4-9-03

954-596-8895

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

Date

Daytime Phone #

CR2E083B (12/02)