

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

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90067 010 \*\*\*\*55.00

DOCUMENT # L02000034433

1. Entity Name

TEKTONICA DESIGN BUILD LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

211 South Federal Hwy

Suite, Apt. #, etc.

#11

City & State

Boynton Beach, FL

Zip

33435

Country

USA

3. Mailing Address

211 South Federal Hwy

Suite, Apt. #, etc.

#11

City & State

Boynton Beach, FL

Zip

33435

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0665906

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffrey Smith

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

211 South Federal Hwy #11

City

Boynton Beach

FL

Zip Code

33435

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 his, if applicable

02/11/03  
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE: OWNER  
NAME: Jeffrey Smith  
STREET ADDRESS: 211 S. Federal Hwy #11  
CITY-ST-ZIP: Boynton Beach, FL 33435

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**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 60B, Florida Statutes.

SIGNATURE:

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

02/11/03 (561) 735-9990

Date

Daytime Phone #

CR2E083B (12/02)