

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

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90074 021 ****50.00

DOCUMENT # L02000034916

1. Entity Name

81-82 HIGH RIDGE DEVELOPMENT, L.L.C.



DO NOT WRITE IN THIS SPACE

300017895583
05/02/03--01054--002 **50.00

2. Principal Place of Business

232 S. Ocean Blvd

Suite, Apt. #, etc.

3. Mailing Address

232 S. Ocean Blvd

Suite, Apt. #, etc.

City & State

Manalapan FL

Zip Country

33462 US

City & State

Manalapan FL

Zip Country

33462 US

4. FEI Number

161659726
0515151 (TIN)

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jennifer Spitznagel

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

232 S. Ocean Blvd

City

Manalapan

FL

Zip Code

33462

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
Managing Member
Jennifer Spitznagel
232 S. Ocean Blvd
Manalapan, FL 33462

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

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: Jennifer Spitznagel

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

4/29/03 561 582-2200
Date Daytime Phone #

CR2E083B (12/02)