

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000035107

1. Entity Name

STICAR, LLC



**FILED**

03 APR 29 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 300 S.E. 2nd Street Suite, Apt. #, etc. 8th Floor City & State Fort Lauderdale, FL Zip 33301		3. Mailing Address 300 S.E. 2nd Street Suite, Apt. #, etc. 8th Floor City & State Fort Lauderdale, FL Zip 33301	
Country Broward	Country Broward		

4/29

DO NOT WRITE IN THIS SPACE

4. FEI Number 82-0584454		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Dennis D. Smith, Esq.	
Street Address (P.O. Box Number is Not Acceptable) c/o Tripp, Scott, P.A.	
110 S.E. 6th Street, 15th Floor	
City Fort Lauderdale,	FL Zip Code 33301

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	MGRM STILES, TERRY W. 300 S.E. 2nd Street Fort Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	800017229688 04/29/03--01016--005 **50.00
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CR2E083B (12/02)

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: Terry W. Stiles Date: 4/18/03 Daytime Phone #: 954/627-9300