

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90273 038 ****55.00

DOCUMENT # L03000025685

1. Entity Name
UNIQUE MANAGEMENT, LLC



Principal Place of Business
**1212 US HIGHWAY ONE, STE J
NORTH PALM BEACH, FL 33408**

Mailing Address
**1212 US HIGHWAY ONE, STE J
NORTH PALM BEACH, FL 33408**

24060000



2. Principal Place of Business

3300 PGA Blvd

Suite, Apt. #, etc.

Suite 330

City & State

Palm Beach Gardens FL

Zip

33410

Country

USA

3. Mailing Address

3300 PGA Blvd.

Suite, Apt. #, etc.

Suite 330

City & State

Palm Beach Gardens FL

Zip

33410

Country

USA

03052004 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-0725780

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STANTON, ROGER C
4420 BEACON CIR.
WEST PALM BEACH, FL 33407**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
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☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

3/15/04 501-719-0050