

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90029 016 ****50.00

DOCUMENT # L94000000526

1. Entity Name

FACTS DEVELOPMENT, L.C.



Principal Place of Business

**1575 SAN IGNACIO
PENTHOUSE
CORAL GABLES FL 33146**

Mailing Address

**1575 SAN IGNACIO
PENTHOUSE
CORAL GABLES FL 33146**

2. Principal Place of Business

1575 SAN IGNACIO AVE.

3. Mailing Address

1575 SAN IGNACIO AVE.

Suite, Apt. #, etc.

SUITE 406

Suite, Apt. #, etc.

SUITE 406

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

Zip

33146

Country

USA

Zip

33146

Country

USA

6. Name and Address of Current Registered Agent

**FORBES, PHILIP H
1200 N. FEDERAL HWY., #411
BOCA RATON FL 33432**

4. FEI Number **65-0470280**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, ROBERT 1575 SAN IGNACIO, P.H. CORAL GABLES FL 33146	<input type="checkbox"/> Delete
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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:

Robert S. Graham Jr

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

1-7-03 305-284-7400

CR2E083 (10/02)