

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90075 026 \*\*\*\*\*50.00

**DOCUMENT # L94000000694**

1. Entity Name

**SPIN-FLA1 L.C.**



Principal Place of Business

**1112 WESTON RD., PMB 175  
FT. LAUDERDALE FL 33326**

Mailing Address

**1112 WESTON RD., PMB 175  
FT. LAUDERDALE FL 33326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0547504**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**NADLER, DANIEL M M  
SPINNAKER PROPERTIES, INC.  
1112 WESTON RD., PMB 175  
FT. LAUDERDALE FL 33326**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
NADLER, DANIEL M  
1112 WESTON ROAD, PMB 175  
FT. LAUDERDALE FL 33326** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
FRANK, IRWIN M  
28001 CHAGRIN BLVD., STE 300  
CLEVELAND OH 44122** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MEM  
COHEN, MARTIN J  
6267 STUMPH RD. STE 1-A  
PARMA HTS OH 33904** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MEM  
HUGHES, ROBERT K JR  
5222 SUNSET CT.  
CAPE CORAL FL 33904** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MEM  
HUGHES, JAN  
7143 S. BRENTWOOD RD.  
FT MYERS FL 33919** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MEM  
HUGHES, BO  
5101 PERSHING AVE. #2  
FT. WORTH TX 76107** ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
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CITY - ST - ZIP ☐ Change ☐ Addition

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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:** **DANIEL M. NADLER** 4/20/03 954-815-3262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)

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