

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0000431

DOCUMENT # L95000000415

1. Entity Name

AUBERGE, A LIMITED COMPANY



FILED

03 SEP 24 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

1725 TAYLOR STREET
HOLLYWOOD FL 33020

3535 MAGELLAN CIRCLE, #522
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0607669

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~METZGER, AMY S
3535 MAGELLAN CIRCLE
#522
AVENTURA FL 33180~~

Name

metzger, Amy
Street Address (P.O. Box Number, if Not Applicable)

City

Hollywood FL

FL

Zip Code

33020

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

6/20/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

900023544639
03/03--01053--015 **55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	VP	<input type="checkbox"/> Delete
NAME	METZGER, AMY	
STREET ADDRESS	3535 MAGELLAN CIRCLE, #522	
CITY-ST-ZIP	HOLLYWOOD FL 33180	
TITLE	P	<input type="checkbox"/> Delete
NAME	METZGER, AUTHUR	
STREET ADDRESS	12830 OAK KNOLL DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	METZGER, GARY	
STREET ADDRESS	32 WESTON ST.	
CITY-ST-ZIP	HUNTINGTON NY 11746	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	METZGER, LESLIE	
STREET ADDRESS	224 LARCH LANE	
CITY-ST-ZIP	SMITHTOWN NY 11787	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	PARISI, JEAN	
STREET ADDRESS	26 HILLS PARK LANE	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	MELTON, CAROL	
STREET ADDRESS	1725 TAYLOR STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	metzger, Amy	
STREET ADDRESS	1725 Taylor street	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur metzger	
STREET ADDRESS	1725 Taylor street	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	MEM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	metzger, GARY	
STREET ADDRESS	1725 Taylor street	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	MEM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leslie metzger	
STREET ADDRESS	1725 Taylor street	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	MEM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parisi, Jean	
STREET ADDRESS	1725 Taylor street	
CITY-ST-ZIP	Hollywood FL 33020	
TITLE	MEM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melton Carol	
STREET ADDRESS	1725 Taylor street	
CITY-ST-ZIP	Hollywood FL 33020	

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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/03)