

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90191 027 ****50.00

DOCUMENT # L96000000393

1. Entity Name

QUAIL WOODS PROPERTIES, L.C.

Principal Place of Business

**4152 WEST BLUE HERON BLVD. STE 116
 RIVIERA BEACH FL 33404**

Mailing Address

**4152 WEST BLUE HERON BLVD. STE 116
 RIVIERA BEACH FL 33404**

2. Principal Place of Business

7711 N. Military Trail

3. Mailing Address

7711 N. Military Trail

Suite, Apt. #, etc.

3rd Floor

Suite, Apt. #, etc.

3rd Floor

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-0654495

Applied For

Not Applicable

Zip
33410

Country

Palm Beach

Zip
33410

Country

Palm Beach

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHICKEDANZ, WALDEMAR
 4152 WEST BLUE HERON BLVD. STE 116
 RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

Name

Schickedanz, Waldemar

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

7711 N. Military Trail

33rd Floor

City

Palm Beach Gardens,

FL

Zip Code
FL

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.

SIGNATURE

Waldemar K. Schickedanz
 Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

DATE

5/14/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 SCHICKEDANZ ENTERPRISES, INC.
 4152 WEST BLUE HERON BLVD. STE 116
 RIVIERA BEACH FL 33404** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**7711 N. Military Trail, 3rd Floor
 Palm Beach Gardens, FL 33410** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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:

Waldemar K. Schickedanz
 SIGNATURE REQUIRED

01/10/2002

561-845-8797

SIGNATURE A

Waldemar K. Schickedanz, President, Schickedanz Enterprises, Inc.

Date

Daytime Phone #

CR2E083 (9/01)