2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9700000237 1. Entity Name PILGRIM PARTNERS, L.C.					SEC	SECRETARY OF STATE DIVISION OF CORPORATIONS 00 JUL 12 PM 1: 25			
Principal Place of Business Mailing Address					_ 00 ·	JUL 12 PH 1, 20			
4649 VAN KLEECK DRIVE 4649 VAN KLEECK DRIVE NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32169						m			
NEW SWITHIN DEACH PE 32109								. 900 1 11 (1 11	
Principal Place of Business				/ /-	_				
708 : Suite, Apt.	SAXON PALM CT	708 SA-Xon Palm Cf Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
					4 5515			oplied For	
	SMXRNA Fl	City & State NEW SMYRY		F/	4. FEI N	59-3134375	No	ot Applicable	
Zip J2	16-9 Country USA	zip.32169	Count	151		nicate of Status Desired	\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent				
LEITHAUSER, CHARLES 4649 VAN KLEECK DRIVE - See Allers Clark Street Address (I					s (P.O. Box N	lumber is Not Acceptable)			
NEW SMYRNA BEACH FL 32169									
NEW SMITHIA BEACH PL 32109				City		FL	Zip Cod	le	
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 Sharles For Plans									
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 Department of State									
	Alexander States		ioie k) Department	Of State		<u></u>		
9.	MANAGING MEMBER	RS/MANAGERS Delete	10. TITLE	· - ···		ADDITIONS/CHANGES	☐ Change	Addition	
NAME	LEITHAUSER, CHARLES	L.J Delete	NAME	l l					
STREET ADDRESS CITY-ST-ZIP	4649 VAN KLEECK DRIVE NEW SMYRNA BEACH FL 32169			ET ADDRESS ST-ZIP					
TITLE	MGRM	□ Delete	TITLE	9 .			Change	☐ Addition	
NAME	BRYDON ER, TOM		NAME	•		500003327	195	:3	
STREET ADDRESS CITY-ST-ZIP	674 INVERNESS CT NEW SMYRNA BEACH FL 32168			ST-ZIP		500003327 -07/19/000	ا81011	009 50 <i>0</i> 0	
TITLE	MGRM	☐ Delete	TITLE	l l		*****50.08	Change	SQ 00 Addition	
NAME STREET ADDRESS	Dyer, andrew 2297 S Glencoe RD.		NAME STREE	ET ADDRESS					
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168			ST-ZIP					
TITLE NAME	MGRM GROLL, MARVIN	☐ Defete	TITLE NAME	- 1			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	837 SAWGRASS LANE		1	ET ADDRESS ST-ZIP					
TITLE	NEW SMYRNA BEACH FL 32168 MGRM	☐ Delete	TITLE	 	•		☐ Change	☐ Addition	
NAME STREET ADDRESS	HALLER, MAT		NAME STREE	ET ADDRESS					
CITY-ST-ZIP	BOX 4146 STANFORD CT 06907			ST-ZIP					
TITLE NAME	MGRN	☐ Delete	TITLE	ì			Change	☐ Addition	
STREET ADDRESS	ABRQW, IRVING 76 STONELEDGE CT.	i	STREE	ET ADDRESS					
CITY-ST-ZIP	LITTLE SILVER NJ 07739	this filing does not qualify for th		notion stated in	Section 119 (07(3)(i), Florida Statutes. I further cer	tify that the i	nformation	
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: Thisles of the South Francisco 11/00 904 428 3281									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER Date Daytime Phone *									