

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90008 030 \*\*\*\*\*50.00

**DOCUMENT # L97000000829**

1. Entity Name

**THE RUFFIN GROUP, L.C.**



Principal Place of Business

**ONE FINANCIAL PLAZA  
SUITE 1600  
FT LAUDERDALE FL 33394**

Mailing Address

**ONE FINANCIAL PLAZA  
SUITE 1600  
FT LAUDERDALE FL 33394**

2. Principal Place of Business

**350 E. Las Olas Blvd.**

3. Mailing Address

**350 E. Las Olas Blvd.**

Suite, Apt. #, etc.

**1220**

Suite, Apt. #, etc.

**1220**

City & State

**Fort Lauderdale, FL.**

City & State

**FT Lauderdale, FL**

Zip

**33301**

Country

**USA**

Zip

**33301**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0788433**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOYLE, BERNARD T  
ONE FINANCIAL PLAZA  
SUITE 1600  
FT LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent

Name **John Ruffin, Jr.**  
Street Address (P.O. Box Number is Not Acceptable)  
**350 E. Las Olas Blvd.**  
**Suite 1220**  
City **FT. Lauderdale** **FL** Zip Code **33301**

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 the applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/9/03**

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

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **RUFFIN, JOHN**  
STREET ADDRESS **9650 NW 42ND ST**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **MGRM** ☒ Delete  
NAME **MOYLE, BERNARD T**  
STREET ADDRESS **ONE FINANCIAL PLAZA SUITE 1600**  
CITY-ST-ZIP **FT LAUDERDALE FL 33394**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **Dorothy L. Ruffin**  
STREET ADDRESS **9650 NW 42 ST**  
CITY-ST-ZIP **Coral Springs, FL 33065**

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

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

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CITY-ST-ZIP

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

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 Ruffin, Jr.**

**4/9/03 954 527-0036**

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

Date

Daytime Phone #

0056081

CR2E083 (10/02)