

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90189 025 \*\*\*\*50.00

**DOCUMENT # L97000000947**

1. Entity Name  
**THREE DOG REALTY LLC**

Principal Place of Business  
**9158 S.E. DEERBERRY PL.**  
**TEQUESTA FL 33469**

Mailing Address  
**9158 S.E. DEERBERRY PL.**  
**TEQUESTA FL 33469**

904776



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**8611 SE WATER OAK PL**  
 Suite, Apt. #, etc.

3. Mailing Address  
**8611 SE WATER OAK PL**  
 Suite, Apt. #, etc.

City & State  
**TEQUESTA**

City & State  
**TEQUESTA**

4. FEI Number **65-0792316**

Applied For  
 Not Applicable

Zip  
**33469**

Country  
**MARTIN**

Zip  
**33469**

Country  
**MARTIN**

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

**BURFORD, PETER ESQ.**  
**267 RIVER DR.**  
**TEQUESTA FL 33469**

Name

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

**8611 SE WATER OAK PL**

City **TEQUESTA**

FL

Zip Code **33469**

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-23-02**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **BURFORD, PETER**  
 CITY-ST-ZIP **267 RIVER DR.**  
**TEQUESTA FL 33469**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **8611 SE WATER OAK PL**  
 CITY-ST-ZIP **TEQUESTA FLA 33469**

TITLE ☐ Delete  
 NAME **MGRM**  
 STREET ADDRESS **BURFORD, CAROL**  
 CITY-ST-ZIP **267 RIVER DR.**  
**TEQUESTA FL 33469**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **8611 SE WATER OAK PL**  
 CITY-ST-ZIP **TEQUESTA FLA 33469**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **4-23-02** Daytime Phone # **561 748 6220**

CR2E083 (9/01)