## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9800000623

1. Entity Name

LAURA STREET TOWNHOMES L.C.



**FILED** Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90004 003 \*\*\*\*50.00

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Principal Place of Business 107 N GREENWOOD AVE CLEARWATER FL 33755		Mailing Address 6244 CLARK CENTER AVENUE BUILDING 3 SARASOTA FL 34238			_					
2. Prince	cipal Place of Business	T				ibin and ibidi tolin born bar		111111	1 <b>0</b> 11 <b>0 1</b> 0 1111 1001	
	The state of Eddinoga	3. Mailing Address								
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
		City & State	City & State							
Zip	Country				4. ( [ ( ) ( ) ( )	ber <b>65-083484</b>	7	$\rightarrow$	Applied For Not Applicat	
	Country	Zip	Country		5. Certificat	te of Status Desired	□ \$		Additional	ле
	6. Name and Address of Curr	ent Registered Agent				<del></del>	Fe	ec.Regu	ired	
	LEVITT, JAREN		Na	ame	7. Ivame an	nd Address of New R	egistered Ag	ent	<del></del> -	
	6244 CLARK CENTER AVENUE		Chroni Add							
	BUILDING 3		Street Address		?O. Box Numb	per is Not Acceptable	)			$\neg$
1	SARASOTA FL 34238	•					<u>.</u>			$\dashv$
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8. The at	pove named entity submits this statemen ligations of registered agent.	it for the purpose of changing its	registered off	ion or society		-	FL	21p Co 	de 	
the ob	ligations of registered agent.	y a process or congring to	registered (iii	ice or registere	a agent, or bo	xth, in the State of Flor	rida. I am fam	iliar with	, and accep	
SIGNATU	RE Signature, typed or printed name of registered ag									}
	A STATE OF TABLE AND STATE OF TABLE OF TABLE AND STATE OF TABLE AND STATE OF TABLE OF			signature required w	hen reinstating)		DATE			
	Swy Sowy	FILE NO	OW!!! FEE!	IS \$50.00						٦
	7	Make Check Payabl	e to Florida By May 1,	Department	t of State					
9.	MANAGING MEM	BERS/MANAGERS		<u> </u>						
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	<u> </u>		CITY-ST-71P						Į.	

11. I hereby certify that the information supplied with this tiling 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:

CITY

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

(941) 320-7392