2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800001469

PRIMROSE PROPERTY MANAGEMENT LLC

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	7, 2004 08:00 Al retary of State	

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Principal Plac	e of Business	Mailing Address 1738 PRIMROSE LANE WELLINGTON FL 33414						
1738 PRIMROS WELLINGTON								
2. Principal P	ace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc. City & State			CHECK HERE IF MAKIS 4. FEI Number 65-0856959			
City & State	9							
Zip	Country	Zip Country			5. Certificate of Status Desired			
	6. Name and Address of Currer	ot Secietared Acest	<u> </u>		7 Name and	Address of New R		
		n negisiered Agent	Nan	ne	r, mante and r	HOGIESS OF HEW IN	agraterec	
173	ODING, DONALD 8 PRIMROSE LANE LLINGTON FL 33414		Street Address			(P.O. Box Number is Not Acceptable)		
771	LLINGSON FE 33434						<u> </u>	
		-	City				F	
8. The above the obligations SIGNATURE -	named entity submits this statement ions of registered agent.	for the purpose of changing its	i registered offic	ce or registe	red agent, or both - -	, in the State of Flo 3-15-		
	Signature, typed or printed name of registered age	int and title if applicable. (NOT	E. Registered Agent s	gnature requires	d when reinstating)		DATE	
		FILE N	OW!!! FEE I	S \$50.00		,		
		Make Check Payab		Departme	nt of State			
9.	MANAGING MEMI	BERS/MANAGERS	16.			ADDITIONS/	CHANGE.	
TITLE	MGRM	☐ Delete	TITLE					
NAME	GOODING, DONALD		NAME					
STREET ADDRESS CITY-ST-ZIP	1738 PRIMROSE LANE WELLINGTON FL 33414		STREET ADDRI CITY+ST-ZIP	ESS				
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	WELLINGTON FL 33414			70	701 00010			
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CITY-ST-ZIP			CITY-ST-ZIP					
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NAME			NAME					
STREET ADDRESS			STREET ADDRE	ESS				
CITY-ST-ZIP			CITY-ST-ZIP					
11. Thereby o	ertify that the information supplied w	ith this filing does not qualify to	r the exemption	stated in Se	ection 119.07(3)(i)	Florida Statutes 1	further ce	

I nereby certify that the information supplied with this ising does not quality for the exemption stated in Section 119.07(3)(9). Florida Statutes, I further certificated 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 membilimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jona Long SIGNATURE AND TYPED OR PRINTED NAME OF SIGN NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE