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



FILED
Mar 07, 2003 8:00 am
Secretary of State
03-07-2003 90013 041 \*\*\*\*50.00

1000 NIEN I # <b>L9800000 1777</b>	
Entity Name	
MCCUE & MCCUE P.L.	
AICCOL OF IAICCOL LIFE	

Principal Place of Business

Mailing Address

5100 N. FEDERAL HWY. SUITE 405 FORT LAUDERDALE FL 33308

5100 N. FEDERAL HWY. SUITE 405 FORT LAUDERDALE FL 33308

2 Principal F	Place of Business	O Marilian Address		- I NORMAN DER KREIT IDEN BERKK DIEN BEKK BERK EREN KREIN LOSK KREIN LOSK KREIN KREIN KREIN KREIN KREIN KREIN KREIN	
	E. Commercial Blud	3. Mailing Address 2929 E. COMM	ERCIAL BLV	$ \mathcal{D} $ . It states are called the same above the same are states and a same and a same are same and same are same as $\mathcal{D}$	l
	507	Suite, Apt. #, etc.	7	CHECK HERE IF MAKING CHANGES	
	uderdale TL	FORT LAUDERD	ALE FL	4. FEI Number 65-0856774 Applied For Not Applied	$\dashv$
Zip	33308 Country USA	Zin 3 3 3 0 8	Country USA	5. Certificate of Status Desired Sta	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent	$\Box$
MCCUE, CHRISTIAN A			Name Ct	tristian a MCCUE	- 1
.5100 N. FEDERAL HWY. SUITE 405		ress /P.O. Boy Number is Not Accountable)			
FOF	RT LAUDERDALE FL 33308		010	TE COMMERCIAL BLVD STE 507	$\dashv$
			Cib		_
				T LAUD ERDALE FL 753309	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered office or req	gistered agent, or both, in the State of Florida. I am familiar with, and acce	ot
Ì	CAUC	CHRISTIAN	A. Mecu	= 1/23/63	
SIGNATURE .	Signature, typed or printed name of registered agent a		Registered Agent signature re		
		FILE NO	W!!! FEE IS \$50	.00	$\exists$
		Make Check Payable		· - * 4	
		Due	By May 1, 2003		
9.	MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Additi	on
NAME Street address	MCCUE, CHRISTIAN A 5100 N. FEDERAL HWY, SUITE 4	INE	NAME	929 E COMMERCIAL BLVD STE 507	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308			FORT LAUDERDALE FL 33308	
TITLE	+	☐ Delete	TITLE	☐ Change ☐ Additi	 
NAME		<del></del> <del>-</del> -	NAME	_ onango _ reduct	<i>"</i>   °
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	חנ
NAME STREET ADDRESS	-	•	NAME STREET ADDRESS		- 1
CITY-ST-ZIP			CITY-ST-ZIP	The state of the s	.
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	<u></u>
NAME			NAME	E. Stango E. Monte	‴
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	· <u> </u>		CITY-ST-ZIP		
TITLE	•	☐ Delete	TITLE	☐ Change ☐ Addition	חנ
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	_
NAME		- Delete	NAME	Change Addute	" ]
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.