

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90322 018 ****50.00

DOCUMENT # L98000002077

1. Entity Name

10130 PARTNERS, L.C.



Principal Place of Business

2846 CORAL SPRINGS DR.
CORAL SPRINGS FL 33071

Mailing Address

P.O. BOX 771238
CORAL SPRINGS FL 33077

2. Principal Place of Business

10130 NW 35th St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 771238

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33065

Country

Broward

City & State

Coral Springs, FL

Zip

33077-1238

Country

Broward

4. FEI Number 65-0869452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES, INC.
100 N.E. THIRD AVENUE, SUITE 1100
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name ~~LEED GRAVE & TURNER LLP~~

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

120 E. PALMETTO PARK RD, SUITE 450

City BOCA RATON

FL

Zip Code 33432

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME OLIVER, MICHAEL
STREET ADDRESS 2846 CORAL SPRINGS DR.
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Daytime Phone #

Michael Oliver **REQUIRED** MICHAEL OLIVER 1/9/03 (954) 344-5204

CR2E083 (10/02)