

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2003 8:00 am  
Secretary of State

02-26-2003 90031 047 \*\*\*\*50.00

DOCUMENT # **L98000002382**

1. Entity Name  
**RED BOWL, LLC**



Principal Place of Business <b>C/O WARREN V. BLASLAND, JR. 333 WEST CAMINO GARDENS BLVD., SUITE 203 BOCA RATON FL 33432</b>	Mailing Address <b>C/O WARREN V. BLASLAND, JR. 333 WEST CAMINO GARDENS BLVD., SUITE 203 BOCA RATON FL 33432</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0870474</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**MINERLEY, KENNETH  
980 NORTH FEDERAL HIGHWAY, SUITE 205  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent  
Name **Kenneth Minerley**  
Street Address (P.O. Box Number is Not Acceptable) **980 North Federal Hwy**  
**Suite 412**  
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 **Kenneth L. Minerley** DATE **1-29-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BLASLAND, WARREN V JR. 333 WEST CAMINO GARDENS BLVD. BOCA RATON FL 33432</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ALTERMAN, KARL 22191 POWERLINE ROAD, SUITE 1A BOCA RATON FL 33433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **WARREN V. BLASLAND** DATE **1/28/03** DAYTIME PHONE # **561-41-8869**

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

DL226596

CR2E083 (10/02)