

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 28 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0012745 AF

DOCUMENT # **L98000002778**

1. Entity Name  
**ROSEMONT PLAZA, LLC**

Principal Place of Business  
**2 POND'S EDGE DRIVE  
CHADDS FORD PA 19317**

Mailing Address  
**P.O. BOX 999  
CHADDS FORD PA 19317-0603**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-2426566**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAYNOR, JOSEPH W P.A.  
2637 MCCORMICK DRIVE, SUITE B  
CLEARWATER FL 33759**

*Change form filed  
2/1/00*

Name

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

City

**FL**

Zip Code

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.

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 Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
PARKEMORE CORPORATION  
P.O. BOX 999  
CHADDS FORD PA 19317**

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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*  
**President of Parkmore Corp,  
Managing Member**

MAR 27 2000

(610) 388-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)