## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L98000002807

Country

1601 BELVEDERE ROAD, SUITE 407 SOUTH

6. Name and Address of Current Registered Agent

MJ APALACHEE ASSOCIATES, L.L.C.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt, #, etc.

1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH FL 33406

MEYER, WILLIAM A

WEST PALM BEACH FL 33406

1601 BELVEDERE ROAD, SUITE 407 SOUTH

Country

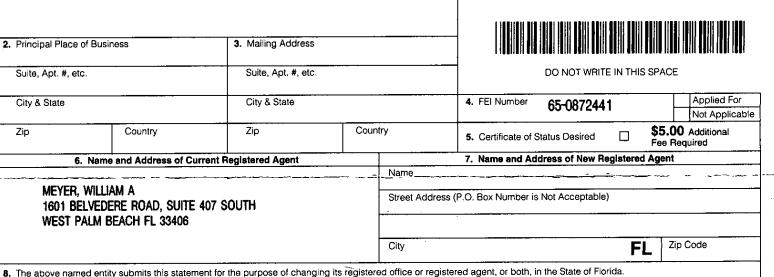
Name.

City

WEST PALM BEACH FL 33406

## **FILED** Feb 18, 2002 8:00 am Secretary of State

02-18-2002 90167 007 \*\*\*\*50.00



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SIGNATURE _	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: R	legistered Agent signat	ure required when reinstating	g)	DATE		
	Make Check Pay			W!!! FEE IS \$50.00 able to Department of State By May 1, 2002				
9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYER, WILLIAM A 1601 BELVEDERE ROAD, SUITE 407 S WEST PALM BEACH FL 33406	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JABARA, RICHARD 105 NEWTOWN ROAD DANBURY CT 06810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Jabara a Avenue, CT 06810	Suite	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			, p. 1807	.Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-Z	'ert	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Change	☐ Addition
TITLE		☐ Delete	TITLE				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.

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

OR AUTHORIZED REPRESENTATIVE

Daytime Phone #