

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90023 031 \*\*\*\*50.00

**DOCUMENT # L99000000542**

1. Entity Name  
**TEVA PROPERTIES, L.C.**



Principal Place of Business

**4636 EL MAR DRIVE, #303  
LAUDERDALE-BY-SEA FL 33308**

Mailing Address

**4636 EL MAR DRIVE, #303  
LAUDERDALE-BY-SEA FL 33308**

2. Principal Place of Business

**506 Ryder Cup Circle**

3. Mailing Address

**506 Ryder Cup Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Palm Beach Gardens, FL**

City & State

**Palm Beach Gardens, FL**

4. FEI Number

**65-0892494**

Applied For

Not Applicable

Zip

**33418**

Country

**U.S.A.**

Zip

**33418**

Country

**U.S.A.**

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**EVANS, J. TIM  
4636 EL MAR DRIVE, #303  
LAUDERDALE-BY-SEA FL 33308**

7. Name and Address of New Registered Agent

Name **J. TIM EVANS**

Street Address (P.O. Box Number is Not Acceptable)  
**506 Ryder Cup Circle**

City **Palm Beach Gardens**

**FL**

Zip Code  
**33418**

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 **MGRM** ☐ Delete  
NAME **EVANS, J. TIM**  
STREET ADDRESS **4636 EL MAR DRIVE, #303**  
CITY-ST-ZIP **LAUDERDALE-BY-SEA FL 33308**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Evans, J. Tim**  
STREET ADDRESS **506 Ryder Cup Circle**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (10/02)