2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900000852

1. Entity Name

ARE MANAGEMENT LC.



FILED Jan 10, 2003 8:00 am Secretary of State 01-10-2003 90006 037 ****50.00

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Principal Plac	ce of Busines	S	Mailing Address			=						
DELEASE OF SOLE			16241 BRIDLEWOOD CIRCLE DELRAY FL 33445			20002515						
1			,				### ### # ### # # ### #		<u> </u>	HE BOUR HOLD	8111 8 11 8 1 1 86 1	
2. Principal F	Place of Busin	ess	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK	HERE IF	MAKING	i CHANGES	3	
City & State			City & State		- 	4. FEI Num	nber 65-08	94227			pplied For ot Applicable	
Zip	ip Country		Zip	Country		5. Certifica	te of Status De	sired		\$5.00 Ac	Iditional	
	6. Name	and Address of Current R	legistered Agent			7. Name ar	nd Address of	New Reg				
SCA	LESSE, RIC	HADO		Name								
1624	41 BRIDLEW	OOD CIRLCE		Street Address			(P.O. Box Number is Not Acceptable)					
VEL	RAY BEACH	1 FL 33445		·				-				
			City						FL	Zip Cod	le	
8. The above	named entity	submits this statement for	the purpose of changing its	registered of	ffice or registere	ed agent, or b	oth, in the State	e of Florid		l amiliar with,	and accept	
the obligations of registered agent. SIGNATURE												
SIGNATURE .	Signature, typed o	or printed name of registered agent an	nt signature required	when reinstating)			DATE					
•			FILE NO	OW!!! FEE	IS \$50.00							
			Make Check Payable to Florida Depart		a Departmen	nt of State						
			Due	By May 1	, 2003	1					ı	
9.		MANAGING MEMBER	S/MANAGERS	10.			ADDIT	IONS/CF	ANGES			
TITLE	MGR	F 61011455 6	☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS		E, RICHARD S	NAME									
CITY-ST-ZIP	16241 BRIDLEWOOD CIRCLE DELRAY FL 33445		STREET ADDRESS CITY-ST-ZIP									
TITLE	MGR	L 33443	□ Delete	-								
NAME		F GAIL M	☐ Delete	TITLE NAME	İ					☐ Change	☐ Addition	
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CITY-ST-ZIP				CITY-ST-ZIF	l l						}	
11 I hereby co	artify that the i	pformation cumplied with th	in filing days and a self for a						-	-		

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 trusting empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

REBRICHA EDSCALASSE - Member SIGNATURE AND TYPED OR MINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

561-4882850