

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90076 023 ****50.00

DOCUMENT # L99000001288

1. Entity Name
MACKIN INVESTMENTS, L.L.C.



Principal Place of Business

**241 BRADLEY PLACE
PALM BEACH FL 33480**

Mailing Address

**241 BRADLEY PLACE
PALM BEACH FL 33480**

2. Principal Place of Business

777 S. Flagler Dr.

Suite, Apt. #, etc.

900W

City & State

West Palm Beach, FL

Zip

33401

Country

U.S.A.

3. Mailing Address

777 S. Flagler Dr.

Suite, Apt. #, etc.

900W

City & State

West Palm Beach, FL

Zip

33401

Country

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0919277**

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

**BROWN, MARK R ESQ.
241 BRADLEY PLACE
PALM BEACH FL 33480**

Name

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

777 S. Flagler Drive, Suite 900W

City

West Palm Beach

FL

Zip Code

33401

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

4/16/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **ENGLISH, CHESTER F**
STREET ADDRESS **241 BRADLEY PLACE**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☒ Change ☐ Addition
NAME **777 S. Flagler Drive, Suite 900W**
STREET ADDRESS **West Palm Beach, FL**
CITY-ST-ZIP **33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 REQUIRED

4/16/03

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

Date

Daytime Phone #

CR2E083 (10/02)