

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

04-18-2003 90076 022 ****50.00

DOCUMENT # L99000001330 1. Entity Name LIVINGSTON 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		3. Mailing Address 777 S. Flagler Dr. Suite, Apt. #, etc. 900W City & State West Palm Beach, FL Zip 33401		4. FEI Number 02-5367221 Applied For <input type="checkbox"/> Not Applicable																																														
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent BROWN, MARK R ESQ 241 BRADLEY PLACE PALM BEACH FL 33480																																																
7. Name and Address of New Registered Agent 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 <u><i>Mark R. Brown</i></u> DATE <u>4/10/03</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MEM ENGLISH, CHESTER F</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>241 BRADLEY PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH FL 33480</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>				TITLE	MEM ENGLISH, CHESTER F	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	241 BRADLEY PLACE		CITY-ST-ZIP	PALM BEACH FL 33480		TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP		
TITLE	MEM ENGLISH, CHESTER F	<input checked="" type="checkbox"/> Delete																																																
STREET ADDRESS	241 BRADLEY PLACE																																																	
CITY-ST-ZIP	PALM BEACH FL 33480																																																	
TITLE		<input type="checkbox"/> Delete																																																
STREET ADDRESS																																																		
CITY-ST-ZIP																																																		
TITLE		<input type="checkbox"/> Delete																																																
STREET ADDRESS																																																		
CITY-ST-ZIP																																																		
TITLE		<input type="checkbox"/> Delete																																																
STREET ADDRESS																																																		
CITY-ST-ZIP																																																		
TITLE		<input type="checkbox"/> Delete																																																
STREET ADDRESS																																																		
CITY-ST-ZIP																																																		
10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGR M ENGLISH, CHESTER</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>777 S. Flagler Drive, Suite 900W</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>West Palm Beach, FL 33401</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	MGR M ENGLISH, CHESTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	777 S. Flagler Drive, Suite 900W		CITY-ST-ZIP	West Palm Beach, FL 33401		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: <u><i>Mark R. Brown</i></u> SIGNATURE REQUIRED <u>4/10/03</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
STREET ADDRESS																																																		
CITY-ST-ZIP																																																		
TITLE	MGR M ENGLISH, CHESTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																
STREET ADDRESS	777 S. Flagler Drive, Suite 900W																																																	
CITY-ST-ZIP	West Palm Beach, FL 33401																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
STREET ADDRESS																																																		
CITY-ST-ZIP																																																		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
STREET ADDRESS																																																		
CITY-ST-ZIP																																																		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																
STREET ADDRESS																																																		
CITY-ST-ZIP																																																		

CR2E083 (10/02)