## **2003 LIMITED LIABILITY COMPANY**

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L9900001958 SEBRING PARK OF COMMERCE, L.L.C.



**FILED** Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90008 009 \*\*\*\*50.00

				SO WE THE						
Principal Plac	e of Business	Mailing Address		· <u> </u>						
4838 S.U.S.I. FORT PIERCE FL 34982		4838 S.U.S.I. FORT PIERCE FL 3498								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number				oplied For ot Applicable	
Zip	Country	Country Zip Cour			5. Certificate of Status Desired   \$5.00 Additional Fee Required					
· _	6. Name and Address of Curre	nt Registered Agent			7. Name and	ddress of New R	gistered /	Agent		
OTTOWART DANKE A				Name						
326	WART, PAMELA SOUTH SECOND STREET				Street Address (P.O. Box Number is Not Acceptable)					
FUH	T PIERCE FL 34950									
				City		·	FL	Zip Cod	le	
8. The above	named entity submits this statement	t for the purpose of changin	g its registere	ed office or registe	ered agent, or both	, in the State of Flo	rida. Lami	iamiliar with,	and accept	
the obligat	ions of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if annlicable	(NOTE: Registere	d Agent signature require	ed when reinstation)		DATE			
	Signature, typed or priviled harne or registered ag		·							
		Make Check Pay		FEE IS \$50.00 orida Departm					Ì	
			Due By Ma	•	Citt Of Otale					
9.	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGRM	Delete	TITLI	=		7.0071707107		☐ Change	Addition	
NAME	REITANO ENTERPRISES, INC.								_	
STREET ADDRESS	4010 SOUTH 57TH AVENUE,		STRE	EET ADDRESS						
CITY-ST-ZIP	LAKE WORTH FL 33463		CITY	-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLI	E				☐ Change	☐ Addition	
NAME	MERRITT REALTY, INC.		NAM	-						
STREET ADDRESS	4832 SOUTH U.S. HIGHWAY	1		ET ADDRESS -ST-ZIP						
CITY-ST-ZIP	FORT PIERCE FL 34982							Chance	□ Addition	
TITLE NAME		Delete	TITLI NAM			ny sait - <del>amistra a tao</del>		Change	_ Addition_	
STREET ADDRESS				ET ADDRESS					ļ	
CITY-ST-ZIP				-ST-ZIP	,				ļ	
TITLE		☐ Delete	TITLI	E				☐ Change	☐ Addition	
NAME			NAM	E.						
STREET ADDRESS			STRE	ET ADDRESS					İ	
CITY-ST-ZIP			CITY	- ST- ZIP			<u> </u>			
TITLE		☐ Delete	TITLI	ľ				Change	Addition Addition	
NAME			NAM						_	
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP						
		☐ Delete					-	☐ Change	Addition	
TITLE NAME		∟ Delete	TITLI						C3 Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP	_/	1		-ST-ZiP						
11. Thereby o	certify that the information armied v	vith this filing does not qualit	fy for the exe	mption stated in S	Section 119.07(3)(i)	, Florida Statutes.	further cer	tify that the i	nformation	
indicated limited lia	on this report is true and accurate a bility company or the resident or true	ing that rhy signature shall h	lave the same this report as	e legal effect as if s required by Cha	made under oath; pter 608, Florida St	tnat I am a manag atutes.	ing membe	er or manage	er of the	