

2001 UNIFORM BUSINESS REPORT (UBR)

0013748 AF

DOCUMENT # L99000002053

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -5 PM 4:44

1. Entity Name
504 SOUTH BEACH ROAD L.C.

Principal Place of Business
C/O JEFFREY S. RAYNOR
14155 U.S. HIGHWAY ONE, SUITE 304
JUNO BEACH FL 33408-1499

Mailing Address
C/O JEFFREY S. RAYNOR
14155 U.S. HIGHWAY ONE, SUITE 304
JUNO BEACH FL 33408-1499



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0941392

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

MJH

Zip Country

Zip Country

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

RAYNOR, JEFFREY S
RAYNOR LAW FIRM, P.A.
14155 U.S. HIGHWAY ONE, SUITE 304
JUNO BEACH FL 33408-1499

Name

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

City

FL

Zip Code

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME RAYNOR, JEFFREY S
STREET ADDRESS 14155 U.S. HIGHWAY ONE, SUITE 304
CITY-ST-ZIP JUNO BEACH FL 33408-1499 ☐ Delete

TITLE MGR
NAME STUART E. KARL
STREET ADDRESS 139 COMMODORE DR
CITY-ST-ZIP JUPITER, FL 33477 ☐ Change ☒ Addition

TITLE MGR
NAME GOLDSTEIN, GLENN
STREET ADDRESS 14155 U.S. HWY ONE, SUITE 304
CITY-ST-ZIP JUNO BEACH FL 33408 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 (11/00)