

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90012 027 ****55.00

DOCUMENT # L99000002402

1. Entity Name

CIRCO GROUP, L.L.C.



Principal Place of Business

**930 EAST SAMPLE RD.
POMPANO BEACH FL 33064**

Mailing Address

**PO BOX 461206
PAPILLION NE 68045-1205**

c/o Morgan, Olsen & Olsen

2. Principal Place of Business

315 N.E. Third Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

Ft. Lauderdale, Florida

City & State

Zip

33301

Country

USA

Country

4. FEI Number

91-2029484

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CIRCO, CHRISTOPHER W
930 EAST SAMPLE ROAD
POMPANO BEACH FL**

7. Name and Address of New Registered Agent

Name
Walter Morgan

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

c/o Morgan, Olsen & Olsen

315 NE Third Avenue, Suite 200

City

Ft. Lauderdale

FL

Zip Code
33301

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

Walter L. Morgan

Walter L. Morgan

3-4-03

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
CIRCO, CHRISTOPHER W
930 EAST SAMPLE RD.
POMPANO BEACH FL 33064**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
Circo, Christopher W.
10323 Brookside Lane
Omaha, Nebraska 68114**

☒ Change ☐ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

3-4-03 (402) 593-7000

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

Date

Daytime Phone #

CR2E083 (10/02)