

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002530

1. Entity Name

TWO SWANS FARM L.L.C.

Principal Place of Business

3673 CARLTON PLACE
BOCA RATON FL 33496

Mailing Address

3673 CARLTON PLACE
BOCA RATON FL 33496

2. Principal Place of Business

12293 Indian Mound Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Zip

33414

Country

USA

Zip

Country

4. FEI Number

22-3653092

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, CAROL F
3673 CARLTON PLACE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

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

CAROL F. Cohen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

Carol F. Cohen 4/27/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

300004342063--4

-06/05/01--01076--008

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM COHEN, CAROL F ☐ Delete
STREET ADDRESS 3673 CARLTON PLACE
CITY-ST-ZIP BOCA RATON FL 33496

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ 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:

CAROL F. Cohen 4/27/01 561-715-0665

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

Date

Daytime Phone #