

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

02-17-2003 90011 036 ****55.00

DOCUMENT # L99000003652

1. Entity Name

C.T.C. PROPERTIES, L.C.



Principal Place of Business

P.O. BOX 1208
BOCA RATON FL 33429

Mailing Address

P.O. BOX 1208
BOCA RATON FL 33429

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0930669**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOSKINS, JIM L
2560 RCA BLVD., STE. 108
PALM BEACH GARDENS FL 33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date 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 **MEM** ☐ Delete
NAME **BOWMAN, RICHARD E**
STREET ADDRESS **ROUTE 1, BOX 295**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **MEM** ☒ Delete
NAME **SNOW REALTY CONSTRUCTION INC**
STREET ADDRESS **PO BOX 1208**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **MEM** ☐ Delete
NAME **KNIGHT, JAMES W**
STREET ADDRESS **740 HAVANA DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

Managing Member ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MEM** ☒ Change ☐ Addition
NAME **Jeff Snow**
STREET ADDRESS **781 SW 2nd Street**
CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE **Managing Member** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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: **SIGNATURE REQUIRED**

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

2-11-03

(561) 392-5586

Date

Daytime Phone #

CR2E083 (10/02)