

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 24, 2003 8:00 am  
Secretary of State

02-24-2003 90056 040 \*\*\*\*50.00

DOCUMENT # L99000003732

1. Entity Name  
RUSSIAN WARBLOODS L.L.C.



Principal Place of Business

Mailing Address

1 SE 4TH AVE.  
SUITE #210  
DELRAY BEACH FL 33483

1 SE 4TH AVE.  
SUITE #210  
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

4455 N. FEDERAL HWY  
SUITE I

4455 N. FEDERAL HWY  
SUITE I

City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

Zip  
33487

Country  
USA

Zip  
33487

Country  
USA

4. FEI Number 65-0928862

Applied For  
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, FRANK L  
1 SE 4TH AVE.  
SUITE #210  
DELRAY BEACH FL 33483

Name

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

4455 N. FEDERAL HWY, SUITE I

BOCA RATON

FL

Zip Code  
33487

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 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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
RUBIN, FRANK  
1 SE 4TH AVE., SUITE #210  
DELRAY BEACH FL 33483  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4455 N. FEDERAL HWY, SUITE I  
BOCA RATON, FL 33487  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
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:

FRANK L. RUBIN 02/24/03 561 988 9335

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

Date

Daytime Phone #

0032083

CR2E083 (10/02)