

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90104 013 ****50.00

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DOCUMENT # L99000004238

1. Entity Name
RB SITGO, LLC



Principal Place of Business Mailing Address
11911 U.S. HIGHWAY ONE, STE 201 11911 U.S. HIGHWAY ONE, STE 201
NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408

2. Principal Place of Business 3. Mailing Address
1201 U.S. Highway One **1201 U.S. Highway One**
Suite, Apt. #, etc. Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State **Riviera Beach, FL** City & State **Riviera Beach, FL** 4. FEI Number **65-0959811** Applied For
Zip **334** Country **USA** Zip **334** Country **USA** Not Applicable
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
COOK, ROBERT B Name **Robert B. Cook**
11911 U.S. HWY ONE Street Address (P.O. Box Number is Not Acceptable)
STE 201 **17 Bay Harbor Road**
NORTH PALM BEACH FL 33408 City **Tequesta** FL Zip Code **33469**

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 **Robert B. Cook** DATE **1/16/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER STREAK, LTD		NAME	Silver Streak Limited Partners, LLP	
STREET ADDRESS	11911 U.S. HWY ONE SUITE 201		STREET ADDRESS	17 Bay Harbor Road	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408		CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASAN, MUHAMMAD S		NAME	Hasan, Muhammad S.	
STREET ADDRESS	4383 WILLOW POND CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	deleted	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSAIN, CHOWDHURY F		NAME		
STREET ADDRESS	5082 WILLOW POND ROAD WEST		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	deleted	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARON, SARKER		NAME		
STREET ADDRESS	5576 BOYNTON PLACE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	deleted	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMALUDDIN, MOHAMMED		NAME		
STREET ADDRESS	1950 N CONGRESS AVE APT J-211		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Robert B. Cook** DATE **1/16/03** 561-627-8766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (10/02)