

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90172 016 ****50.00

DOCUMENT # **L99000004544**

1. Entity Name

SILICON BEACH VENTURE CAPITAL, L.L.C.

DO NOT WRITE IN THIS SPACE

881185

2. Principal Place of Business
8000 N. FEDERAL HIGHWAY

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE 220

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State

4. FEI Number
650935921

Applied For
Not Applicable

Zip
33487-1620

Country
US

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
REBECCA L. HAMILTON, ESQ.

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

301 YAMATO ROAD, SUITE 4150

City
BOCA RATON

FL

Zip Code
33431

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

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

9-25-02

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SA FLA I, L.P.
90 SHA Consulting, 8000 N. Federal Highway
Suite 212, Boca Raton, FL 33487

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WILLIAM D. HAGER,
90 SHA Consulting, 8000 N. Federal Highway
Suite 212, Boca Raton, FL 33487

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GREGORY J. CRYAN
90 SHA Consulting, 8000 N. Federal Highway
Suite 212, Boca Raton, FL 33487

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JOHN T. HANNIFAN
90 SHA Consulting, 8000 N. Federal Highway
Suite 212, Boca Raton, FL 33487

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MARJOVEC FIRST FAMILY L.P.
90 SHA Consulting, 8000 N. Federal Highway
Suite 212, Boca Raton, FL 33487

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: 

MANAGING MEMBER 9-25-02

561-553-5200

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

Date

Daytime Phone #

CR2E083B (12/01)