

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90028 009 \*\*\*\*55.00

**DOCUMENT # L99000004767**

1. Entity Name

**PICKETT PLACES, LLC**



Principal Place of Business

**8120 SW 99TH AVENUE  
MIAMI FL 33173**

Mailing Address

**2873 ADRIAN STREET  
SAN DIEGO CA 92110**

2. Principal Place of Business

3. Mailing Address

**8120 SW 99 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI, FL**

Zip

Country

Zip

Country

**33173**

**U.S.**

4. FEI Number

**65-0938792**

Applied For

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

**ROCKMAN, LOUIS M  
8500 SW 92 ST  
#106  
MIAMI FL 33156**

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 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  
ROUSE, MARK P  
2873 ADRIAN STREET  
SAN DIEGO CA 92110**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ROUSE, SCOTT S  
2873 ADRIAN STREET  
SAN DIEGO CA 92110**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ROUSE, LYNDIA M  
2873 ADRIAN STREET  
SAN DIEGO CA 92110**

☐ Delete

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

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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**

Date

Daytime Phone #

CR2E083 (10/02)